

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000009265

1. Entity Name

ASPIRE, LLC

00 APR 21 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

13014 N. DALE MARY HWY.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 356

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33618

6. Name and Address of Current Registered Agent

MMW

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3620129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

GEOFFREY TODD HODGES

Street Address (P.O. Box Number is Not Acceptable)

905 SHAPE WATER WAY

City

LUTZ

FL

Zip Code

33549

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAGER- CO
STREET ADDRESS	KIM M. SCHWENCKE
CITY-ST-ZIP	1602 N. RIVERHILL DRIVE TEMPLE TERRACE, FL 33617
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CO-MANAGER
STREET ADDRESS	A. G. RAPPAPOORT
CITY-ST-ZIP	806 GUISANDO DE AVILA TAMPA, FL <del>33618</del> 33613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003242910--2
STREET ADDRESS	-05/08/00--01109--019
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kim M. SCHWENCKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-18-00

813-269-0899x102

CR2E083 (11/99)