

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009335

1. Entity Name

NANCE, CACCIATORE & HAMILTON, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 3:51

Principal Place of Business

525 N. HARBOR CITY BOULEVARD
MELBOURNE FL 32936

Mailing Address

525 N. HARBOR CITY BOULEVARD
MELBOURNE FL 32936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCE, JAMES H

525 N. HARBOR CITY BOULEVARD
MELBOURNE FL 32936

Name

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

City

FL

Zip Code

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NANCE, JAMES H 525 N. HARBOR CITY BOULEVARD MELBOURNE FL 32936 MGR MGRM	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SAMMY CACCIATORE 525 N HARBOR CITY Blvd MELBOURNE FL 32935 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JOHN N. HAMILTON 525 N HARBOR CITY Blvd MELBOURNE FL 32935 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CHARLES G. BAKER, JR. 525 N HARBOR CITY Blvd MELBOURNE FL 32935 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JAMES N. NANCE 525 N HARBOR CITY Blvd MELBOURNE FL 32935 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	788803455467-8 -11/07/00-01835 018 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

9-21-00 321254-8416

0002788 AF

CR2E083 (5/00)