

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M00000001134**

1. Entity Name

**CLASSIC ACQUISITIONS LLC**

FILED

01 APR 12 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**965 HIGH STREET, P.O. BOX 330  
WORTHINGTON OH 43085**

Mailing Address  
**965 HIGH STREET, P.O. BOX 330  
WORTHINGTON OH 43085**

2. Principal Place of Business  
**2912 North Florida Avenue**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Hernando, FL**

City & State

4. FEI Number  
**31-1704983**

Applied For  
Not Applicable

Zip  
**34442**

Country

Zip  
Country

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**

**SCOTT, THOMAS  
2912 NORTH FLORIDA AVENUE  
HERNANDO FL 34442**

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 \_\_\_\_\_ (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**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SHAW, DONALD L  
965 HIGH STREET, P.O. BOX 330  
WORTHINGTON OH 43085**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: \_\_\_\_\_ DATE: **4/5/01** DAYTIME PHONE # \_\_\_\_\_

0029127 AF

CR2E083 (11/00)