

2001 UNIFORM BUSINESS REPORT (UBR)

0008715

DOCUMENT # M00000001568

1. Entity Name

WEALTH ENHANCEMENT GROUP, LLC

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

125 LAKE STREET WEST, STE 200
WAYZATA MN 55391

Mailing Address

125 LAKE STREET WEST, STE 200
WAYZATA MN 55391

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

41-1883252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEELY, JAY
15924 NOTTING HILL DRIVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: FEELY, JAY
Street Address (P.O. Box Number is Not Acceptable): 116017 N FLORIDA AVE.
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
Due By September 26, 2001

100004513041--5
-08/02/01--01068--013
*****60.00 *****60.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATION OFFICER. <input type="checkbox"/> Delete MADELEINE BERNARD 125 W LAKE ST #200 WAYZATA MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input type="checkbox"/> Delete GERALD BERNARD 125 W LAKE ST #200 WAYZATA MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN <input type="checkbox"/> Delete DAVID HESS 125 W LAKE ST #200 WAYZATA MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete BRUCE HELMER 125 W LAKE ST #200 WAYZATA MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES ☐ Change ☐ Addition

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

MADELEINE BERNARD

6/29/01

(952) 449-9579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)