

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001642

1. Entity Name
IDIGI COMMUNICATIONS, LLC

FILED

01 FEB -7 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1935 NORTHGATE BOULEVARD
SARASOTA FL 34234

Mailing Address
1935 NORTHGATE BOULEVARD
SARASOTA FL 34234

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0907262

Applied For
Not Applicable

Zip 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

GLESPEN, JILL
1935 NORTHGATE BOULEVARD
SARASOTA FL 34234

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 MGR
NAME MOOERS, RICHARD L
STREET ADDRESS 1935 NORTHGATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME BRANTON, ROGER G
STREET ADDRESS 1935 NORTHGATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME FLESSNER, KEVIN J
STREET ADDRESS 1935 NORTHGATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34234

TITLE
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CITY-ST-ZIP

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

1/23/01 941-358-8060
Date Daytime Phone #

CR2E083 (11/00)