

2001 UNIFORM BUSINESS REPORT (UBR)

0027521 AF

DOCUMENT # M00000002185

1. Entity Name
ORISTO OF FLORIDA, LLC

FILED

01 FEB 27 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2245 TECHNICAL PARKWAY
NORTH CHARLESTON SC 29406

Mailing Address
2245 TECHNICAL PARKWAY
NORTH CHARLESTON SC 29406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 57-1105792

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

600003801986--9
-03/06/01--01050--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Member/Manager ☐ Change ☒ Addition
Robert D. Fairey
2245 Technical Parkway
N. Charleston, SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Member/Manager ☐ Change ☒ Addition
John David Griffith
2245 Technical Parkway
N. Charleston, SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Member/Manager ☐ Change ☒ Addition
Charles H. Wendell
2245 Technical Parkway
N. Charleston, SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Member/Manager ☐ Change ☒ Addition
Terry E. Richardson, Jr.
2245 Technical Parkway
N. Charleston, SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ 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:

Robert D. Fairey

Robert D. Fairey 2/22/01 (843)572-7600

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

Date

Daytime Phone #

CR2E083 (11/00)