

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002467

1. Entity Name
EBP LLC I

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90090 006 ****50.00

0009120

Principal Place of Business
C/O CAREYKRAMER COMPANY
1840 N. COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

Mailing Address
C/O CAREYKRAMER COMPANY
1840 N. COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

980695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 E. PALMETTO PK RD
Suite, Apt. #, etc.
Suite 401
City & State
BOCA RATON, FL
Zip
33432
Country
Palm Bch

3. Mailing Address
150 E. PALMETTO PK RD
Suite, Apt. #, etc.
Suite 401
City & State
BOCA RATON, FL
Zip
33432
Country
W. Palm

4. FEI Number APPLIED FOR
65-114-9524
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Kenneth H. Simigran
Street Address (P.O. Box Number is Not Acceptable)
150 E. PALMETTO PK RD #401
City
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth H. Simigran

9-11-02

Signature, typed or printed name of registered agent and, 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 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H 1840 N. COMMERCE PARKWAY, SUITE 3 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, STEPHEN M 1840 N. COMMERCE PARKWAY, SUITE 3 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENDER, BRUCE G 1840 N. COMMERCE PARKWAY, SUITE 3 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRUCCI, MARK A 1209 ORANGE STREET WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, ADRIANNE M 1209 ORANGE STREET WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 E. PALMETTO PK RD #401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 E. PALMETTO PK RD #401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 E. PALMETTO PK RD #401 BOCA RATON, FL 33432
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

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

Bruce Pender

9/13/02 361-394-7400

Date

Daytime Phone #

CR2E083 (4/02)