

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000341

1. Entity Name

WARMAN OLSEN WARMAN L.L.C.

FILED

00 FEB -4 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

27 EAST MONROE STREET, SUITE 1400  
CHICAGO IL 60603

Mailing Address

27 EAST MONROE STREET, SUITE 1400  
CHICAGO IL 60603-5600

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

36-4048319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARMAN, RALPH E  
1029 BARCARMIL WAY  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name: RALPH E. WARMAN  
Street Address (P.O. Box Number is Not Acceptable): 10701 GOLF SHORE DR # 202  
City: NAPLES FL Zip Code: 34108

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

*Ralph E. Warman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGRM  
NAME: WARMAN, RALPH  
STREET ADDRESS: 1029 BARCARMIL WAY  
CITY-ST-ZIP: NAPLES FL

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS: 10701 GOLF SHORE DR # 202  
CITY-ST-ZIP: NAPLES FL 34108

TITLE: MGR  
NAME: WILLIAM E. WARMAN  
STREET ADDRESS: 1029 BARCARMIL WAY  
CITY-ST-ZIP: NAPLES, FL 34110

TITLE:   
NAME:   
STREET ADDRESS: 400003128134-4  
CITY-ST-ZIP: -02/08/00--01121--012

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
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: RALPH E. WARMAN, MGR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/31/00 941-594-5249  
Date Daytime Phone #