

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000354

1. Entity Name

EXCELL AGENT SERVICES, L.L.C.

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4050 RIOMAR DRIVE  
ROCKLEDGE FL 32955

Mailing Address

4050 RIOMAR DRIVE  
ROCKLEDGE FL 32955-5315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0751266

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

BARRY, CHRIS  
4050 RIOMAR DRIVE  
ROCKLEDGE FL 32955

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME EVANOFF, DAN  
STREET ADDRESS 2175 WEST 14TH STREET  
CITY-ST-ZIP TEMPE AZ 85281

TITLE ☐ Change ☐ Addition  
NAME 000003183840-8  
STREET ADDRESS -03/24/00-01115-003  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME PEARCE, DAN  
STREET ADDRESS 2175 WEST 14TH STREET  
CITY-ST-ZIP TEMPE AZ 85281

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME John F. Allen  
STREET ADDRESS 125 S. Wackerdr. Suite 3100  
CITY-ST-ZIP Chicago, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME Gilbert E. Mauk  
STREET ADDRESS 2175 W. 14th St.  
CITY-ST-ZIP Tempe, AZ 85281

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME Gregory T. Mutz  
STREET ADDRESS 4001 McEwen Suite 200  
CITY-ST-ZIP Dallas, TX 75244

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)