

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026683 AF

DOCUMENT # M97000000513

1. Entity Name  
ANSWER AMERICA, LLC

FILED 1/2/01  
01 JAN 30 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
150 E. 58TH ST., 29TH FL  
NEW YORK NY 10155

Mailing Address  
150 E. 58TH ST., 29TH FL  
NEW YORK NY 10155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3920112

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

GORMLEY, SUSAN  
% ANSWER AMERICA, LLC  
1000 N. WASHINGTON BLVD.  
SARASOTA FL 34236

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

400003673074--1  
-02/09/01--01102--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  
MGR GORMLEY, SUSAN  
STREET ADDRESS 1000 N. WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

1/24/01

Date

212-832-9170

Daytime Phone #

CR2E083 (11/00)