

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000943

1. Entity Name
NUTTING/RICE LAKELAND, LLC

Principal Place of Business ONE WEBSTER'S LANDING SYRACUSE NY 13202	Mailing Address ONE WEBSTER'S LANDING SYRACUSE NY 13202-1044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **16-1288329** Applied For
Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM NWRH HOLDING CORPORATION ONE WEBSTER'S LANDING SYRACUSE NY 13202	<input type="checkbox"/>		
	<input type="checkbox"/>	200003260732-5 -05/19/00--01136--006 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<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)(l), 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: **REQUIRED** David C. Nutting 4/28/2000 315/471-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)