

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017512 SP

DOCUMENT # M98000001167

1. Entity Name

ROTONDO WEIRICH AND ASSOCIATES, L.L.C.

FILED

00 MAR 24 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W  
4/4

Principal Place of Business

681 HARLEYSVILLE PIKE  
LEDERACH PA 19450

Mailing Address

681 HARLEYSVILLE PIKE  
LEDERACH PA 19450

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3433825

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BUZBEE, JOEL  
3455 S.W. 42ND AVENUE  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM WEIRICH, STEVE  
STREET ADDRESS 681 HARLEYSVILLE PIKE  
CITY- ST- ZIP LEDERACH PA 19450

TITLE NAME MGRM ROTONDO, MARIO  
STREET ADDRESS 681 HARLEYSVILLE PIKE  
CITY- ST- ZIP LEDERACH PA 19450

TITLE NAME MGRM KELLY, LLOYD  
STREET ADDRESS 4421 NW 39TH AVENUE, BLDG. 3  
CITY- ST- ZIP GAINESVILLE FL 32606

TITLE NAME MGRM BUZBEE, JOEL  
STREET ADDRESS 3455 S.W. 42ND AVENUE  
CITY- ST- ZIP GAINESVILLE FL 32602

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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

3/22/00 352 33

Date

Daytime Phone #

CR2E083 (9/99)