

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001433**

**1. Entity Name**  
BERGIN ENTERPRISES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

**Principal Place of Business**  
2715 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

**Mailing Address**  
2715 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804



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**

59-3547030

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**

BERGIN, RUSSELL F  
2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

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/MANAGERS**

**10.**

**ADDITIONS/CHANGES**

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

MGR  
BERGIN, RUSSELL F  
2715 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

☐ Delete

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

☐ Change ☐ Addition

500003350635--8  
-08/09/00--01032--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
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☐ 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]*

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

Date

Daytime Phone #

CR21083 (5/00)