

# 2001 UNIFORM BUSINESS REPORT (UBR)

000668 AF

DOCUMENT # M98000001433

1. Entity Name  
BERGIN ENTERPRISES, LLC

FILED

01 APR 23 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
2715 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804



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 Ivan M. Lefkowitz, Esquire

Street Address (P.O. Box Number is Not Acceptable)

430 North Mills Avenue

City Orlando

FL

Zip Code 32803

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

4-19-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BERGIN, RUSSELL F  
STREET ADDRESS 2715 N. ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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]*

5/12/01

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

Date

Daytime Phone #

CR2E083 (11/00)