

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001484

1. Entity Name
ERNST TRUST FLORIDA, LLC

Principal Place of Business
2121 MCGREGOR BLVD.
FORT MYERS FL 33901

Mailing Address
2121 MCGREGOR BLVD.
FORT MYERS FL 33901-3411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

12401 HELENA ST.

LOS ANGELES, CA

90049

USA

6. Name and Address of Current Registered Agent

KIESEL, THOMAS F
2121 MCGREGOR BLVD.
FORT MYERS FL 33901

4. FEI Number 95-4715751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 *Robert Ernst*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-00
DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM ERNST, ROBERT TRUSTEE
STREET ADDRESS 12401 HELENA STREET
CITY- ST- ZIP LOS ANGELES CA 90049 ☐ Delete

TITLE NAME MGRM ERNST, BEATRICE TRUSTEE
STREET ADDRESS 12401 HELENA STREET
CITY- ST- ZIP LOS ANGELES CA 90049 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE 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 OR MANAGER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E083 (9/99)

SIGNATURE: *Robert Ernst* REQUIRED

4-25-2000