

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M990000000032

1. Entity Name  
NASSANT AND COMPANY, L.L.C.

Principal Place of Business  
365 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102

Mailing Address  
365 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102-6575

2. Principal Place of Business

3. Mailing Address c/o David Nassif Co.

195 Worcester Street

Suite, Apt. #, etc.  
Suite 301

City & State  
Wellesley, MA 02481

4. FEI Number  
59-3559778

Applied For  
Not Applicable

Zip  
02481

Country

Country  
USA

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

ANTARAMIAN, JACK J  
365 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102

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

10. ADDITIONS/CHANGES

TITLE NAME MGR  
ANTARAMIAN, JACK J  
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE NAME MGR  
NASSIF, DAVID E  
STREET ADDRESS 195 WORCESTER ST. #301  
CITY-ST-ZIP WELLESLEY HILLS MA 02481 ☐ Delete

TITLE NAME MGR  
Nassif, David E. ☒ Change ☐ Addition  
STREET ADDRESS 195 Worcester Street-Suite 301  
CITY-ST-ZIP Wellesley Hills, MA 02481

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: David E. Nassif, Manager. April 27, 2000

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

Date

Daytime Phone #

CR2E083 (9/99)