

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90093 018 ****50.00

DOCUMENT # M99000000239**1. Entity Name**
EGAN PARTNERS, LLC**Principal Place of Business****1900 OLD DIXIE HIGHWAY**
FORT PIERCE FL 34946**Mailing Address****1900 OLD DIXIE HIGHWAY**
FORT PIERCE FL 34946**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 65-0874700

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****CARNELL, RICHARD M JR.**
1900 OLD DIXIE HIGHWAY
FORT PIERCE FL 34946**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
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EGAN, BERNARD A 1900 OLD DIXIE HIGHWAY FORT PIERCE FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FORT PIERCE FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, GLEN W 1900 OLD DIXIE HWY FORT PIERCE FL 34940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EGAN, ELIZABETH M 1900 OLD DIXIE HWY FORT PIERCE FL 34940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLOVER PARTNERS 1900 OLD DIXIE HWY FORT PIERCE FL 34940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Glen W. Reed, Manager**4/1/02 772-465-7555**

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

Date

Daytime Phone #

CR2E083 (9/01)