

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000693

1. Entity Name  
R.B.M. III C, LLC

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5000 NW 83RD LANE  
CORAL SPRINGS FL 33067

Mailing Address  
5000 NW 83RD LANE  
CORAL SPRINGS FL 33067-2802



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

☒ 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

MENCARELLI, WILLIAM  
5000 NW 83RD LANE  
CORAL SPRINGS FL 33067

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MCCARTY, RICHARD D  
921 HILLSBORO MILE  
HILLSBORO BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100003125141--5  
-02/07/00--01014--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MENCARELLI, WILLIAM  
5000 NW 83RD LANE  
CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

01-31-00

954-753-2144

Date

Daytime Phone #

CR2E083 (9/99)