

2000 UNIFORM BUSINESS REPORT (UBR)

0011369 AF

DOCUMENT # M99000001211

1. Entity Name
MONARCH ADVISORY GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:19

Principal Place of Business
9240 BONITA BEACH ROAD, SUITE 1101
BONITA SPRINGS FL 34135

Mailing Address
9240 BONITA BEACH ROAD, SUITE 1101
BONITA SPRINGS FL 34135-4250



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3573715 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGRM
NAME ELKINS, ROBERT N
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1101
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME POOLE, JOHN B
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1101
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME LISTMAN, DOUGLAS
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1101
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME AUMAN, MATTHEW F
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1101
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: *Douglas Listman*
SIGNATURE REQUIRED

2/7/00 *410-884-4367*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)