

2001 UNIFORM BUSINESS REPORT (UBR)

0159193

DOCUMENT # P99000092068

1. Entity Name

LYME STONE INVESTORS, INC.

FILED

01 FEB 16 PM 1:32

Principal Place of Business

133 SEVILLA
CORAL GABLES FL 33134

Mailing Address

133 SEVILLA
CORAL GABLES FL 33134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Advenir, LLC

3. Mailing Address

Advenir, LLC

Suite, Apt. #, etc.

10 Waterchase Dr., Ground

Suite, Apt. #, etc.

10 Waterchase Dr., Ground

City & State Floor

Rocky Hill, CT

City & State Floor

Rocky Hill, CT

Zip
06067

Country
USA

Zip
06067

Country
USA

4. FEI Number 06-1560958

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLNICK, NEIL S
133 SEVILLA
CORAL GABLES FL 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VECCHITTO, STEPHEN L 10 WATERCHASE DR ROCKY HILL CT 06067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROLLNICK, NEIL 133 SEVILLA CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

400003753704-0092
02/23/01 01035-0092
****200.00 ****150.00

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

305-444-7800

Daytime Phone #

NEIL S ROLLNICK

CP2E034 (10/00)