

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000412

1. Entity Name

1099 MANAGEMENT CO., L.L.C.

FILED

2001 APR 27 PM 3:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

707 SOUTH WASHINGTON BLVD.  
SARASOTA FL 34236

Mailing Address

707 SOUTH WASHINGTON BLVD.  
SARASOTA FL 34236

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

☒ Applied For

☐ Not Applicable

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

TOSCH, JOHN E ESQ.

707 SOUTH WASHINGTON BLVD.

SARASOTA FL 34236

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

700004213397--8

-05/14/01--01005--004

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME **MGRM** ☐ Change ☒ Addition  
NAME **Vernon G. Buchanan**  
STREET ADDRESS **707 So. Washington Blvd.**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Treas** ☐ Change ☒ Addition  
NAME **Salvatore Rosa**  
STREET ADDRESS **12710 Rockrose Glen**  
CITY-ST-ZIP **Bradenton, FL 34202**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Vice Pres & Sec** ☐ Change ☒ Addition  
NAME **John E. Tosch**  
STREET ADDRESS **707 So. Washington Blvd.**  
CITY-ST-ZIP **Sarasota, FL 34236**

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 ☐ 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:

*[Signature]*

John E. Tosch

04/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN/GER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)