

2001 UNIFORM BUSINESS REPORT (UBR)

0017968 AF

DOCUMENT # L00000000470

1. Entity Name

WARD LAUREL PROPERTY, LLC

FILED

01 APR 10 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2966 NORTH DALE MABRY HIGHWAY TAMPA FL 33607
Mailing Address: 2966 NORTH DALE MABRY HIGHWAY TAMPA FL 33607



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 **59-3618249** 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

HUMPHRIES, J. BOB
501 E. KENNEDY BLVD., STE. 1700
TAMPA FL 33602

Name: **Cody W. Waters, Esquire**
Street Address (P.O. Box Number is Not Acceptable): **Fowler, White Law Firm**
501 E. Kennedy Blvd., Suite 1700
City: **Tampa** FL Zip Code: **33602**

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: *Cody Waters*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

-04/20/01--01125--024
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULM, GERALD H 2966 NORTH DALE MABRY HIGHWAY TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **4-4-01** Daytime Phone #

CR2E083 (11/00)