2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L0000007020 1. Entity Name GAYLORD MERLIN LUDOVICI DIAZ & BAIN, P.L. Principal Place of Business Mailing Address 777 S HARBOUR ISLAND BLVD 777 S HARBOUR ISLAND BLVD SUITE 900 SUITE 900 TAMPA FL 33602-5701 TAMPA FL 33602-5701 2. Principal Place of Business 3. Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number . Applied For 59 - 36 5 2 1 8 6 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
6.	Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
GAYLORD, S. CARY 777 S HARBOUR ISLAND BLVD SUITE 900			Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602-5701			City	FL Zip Code	
SIGNATURE	e, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered Agent signature of the base of	3000042874930	
			able to Departme		
9.	MANAGING ME	MBERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE M NAME S STREET ADDRESS 7 CITY-ST-ZIP T	anager Kichange ☐ Addition Cary Gaylord 77 S. Harbour Island Blvd., Ste 900 ampa, FL 33602-5701 anager	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/ Delete	STREET ADDRESS 7	anager ∴ Change Addition imbel L. Merlin 77 S. Harbour Island Blvd., Ste 90 ampa, FL 33602-5701	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME A STREET ADDRESS 7	anager ★ Change △ Addition ndrew G. Diaz 77 S. Harbour Island Blvd., Ste 90 ampa, FL 33602-5701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE M NAME P	anager X Change □ Addition aul D.Bain 77 S. Harbour IslandBlvd., Ste 900 ampa,FL 33602-5701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 horoby coeffett	hat the information are all and	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 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 inport as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SER, OR AUTHORIZED REPRESENTATIVE 04/30/01

813/221-9000