

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000327

1. Entity Name

SVO REALTY, L.C.

FILED

00 APR 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4100 BARNETT PLAZA
TAMPA FL 33602

Mailing Address

4100 BARNETT PLAZA
TAMPA FL 33602

2. Principal Place of Business

SVO Realty, L.C.

3. Mailing Address

SVO Realty, L.C.

Suite, Apt. #, etc.

9090 Adamo Drive

Suite, Apt. #, etc.

2120 Wilshire Bl., #400

City & State

Tampa, FL

City & State

Santa Monica, CA

4. FEI Number

95-4470454

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

90403

Country

USA

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

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD.
SUITE 200
TAMPA FL 33602-4825

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 MGR ☐ Delete
NAME BREECH, ANDREW L
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA 90403

TITLE ☐ Change ☐ Addition
NAME 400003224624-7
STREET ADDRESS -04/26/00-01043-005
CITY-ST-ZIP *****50.00 ☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME OLLIGES, ED
STREET ADDRESS 660 DECATUR BLVD.
CITY-ST-ZIP LAS VEGAS NV 89107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME NATIONAL FACILITIES CORP.
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA 90403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME BREECH, ANDREW L
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA 90403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME OLLIGES, ED
STREET ADDRESS 660 DECATUR BLVD.
CITY-ST-ZIP LAS VEGAS NV 89107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

Brian R. Woods, Treasurer,
National Facilities Corp.

4/4/2000 (310) 828-4748

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #