

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009272 AI

DOCUMENT # **L97000001007**

1. Entity Name  
**VELAND L.C.**

00 MAR 27 AM 6:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2106 BISPHAM ROAD, SUITE B  
SARASOTA FL 34231

Mailing Address  
2106 BISPHAM ROAD, SUITE B  
SARASOTA FL 34231-5518

*mf/llc*



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0807495** 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**

**PATTERSON, JOHN**  
46 NORTH WASHINGTON BOULEVARD, SUITE 1  
SARASOTA FL 34231

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1071806 ONTARIO INC. 253 ROBINA ROAD ANCASTER, ONTARIO, CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALSALM L. CORPORATION 95 ST. CLAIR AVENUE W., #1605 TORONTO, ONTARIO, CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAWEC HOLDINGS LIMITED 5500 DIXIE ROAD, BOX E MISSISSAUGA, ONT., CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANVIN, INC. 46 NO. WASHINGTON BLVD., #1 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACKVILLE HOLDINGS, INC. ONE FIRST CANADIAN PLACE, #5600 TORONTO, ONTARIO, CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K.G.C. LTD. 8 KING STREET E., #1400 TORONTO, ONT., CANADA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><b>500003208265--8</b> -04/13/00--01090--019 *****50.00 *****50.00</p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Date: *3/16/2000* Daytime Phone #: *941-265-4617*

CR2E083 (9/99)