

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 2000

DOCUMENT # **L98000001404**

1. Entity Name
YBOR OPERATIONS, L.C.

Principal Place of Business

112 EAST STREET, SUITE B
TAMPA FL 33602

Mailing Address

112 EAST STREET, SUITE B
TAMPA FL 33602-4108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3529715

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, MARK R
112 EAST STREET, SUITE B
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

800003256478--5
-05/18/00--01007--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGRM LASSNER, HARRY** Delete
STREET ADDRESS **1000 CORAL RIDGE DRIVE, #101**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE NAME **MGRM BLANKE, JOHN** Delete
STREET ADDRESS **5321 TAYLOR STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE NAME **MGRM BEASLEY, WILLIAM M** Delete
STREET ADDRESS **5321 TAYLOR STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE NAME **MGRM DANTZER, JOE** Delete
STREET ADDRESS **351 SOUTH ATLANTIC AVE., #1703**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE NAME **MGRM GARFINKEL, SHIRLEY** Delete
STREET ADDRESS **235 HIDDEN TRAIL**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M2R -3T3**

TITLE NAME **MGRM KRAEMER, HELMUT J** Delete
STREET ADDRESS **3151 ARBOUR LANE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

10. ADDITIONS/CHANGES

TITLE NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change 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: *W SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/00 Date *954-964-6453* Daytime Phone #

CR2E083 (9/99)