

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002207**

1. Entity Name  
**CARLEN REALTY, LLC**

**FILED** *W/C 3/20*  
**00 MAR 10 PM 1:16**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address  
~~20 TARPON AVENUE~~      ~~20 TARPON AVENUE~~  
TARPON SPRINGS FL 34689      TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**26 W. ORANGE ST.**      ~~26 W. ORANGE ST.~~  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
P.O. Box 1879

City & State      City & State      4. FEI Number      Applied For  
**TARPON SPRINGS FL**      **TARPON SPRINGS FL**      **59-1945125**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$5.00 Additional Fee Required  
**34688**           **34688**                 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PACE, JOHN F**  
~~20 EAST TARPON AVENUE~~  
**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**26 W. ORANGE ST.**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR MARTIN, CAROL E P.O. BOX 1879 TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIBSON, STANLEY G P.O. BOX 1879 TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**700003186287--6**  
-03/28/00--01012--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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**      *2/28/00*      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)