

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002207**

1. Entity Name
CARLEN REALTY, LLC

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

CR2E083 (9/99)