

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000844**

1. Entity Name
530 FIFTH AVENUE, LLC

Principal Place of Business 300 SOUTH PARK PLACE BLVD. SUITE 150 CLEARWATER FL 33759	Mailing Address 300 SOUTH PARK PLACE BLVD. SUITE 150 CLEARWATER FL 33759-3921
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

MNM

DO NOT WRITE IN THIS SPACE



4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POWERS, JILL FISHER
19353 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**300 S. PARK PLACE BLVD.
150
CLEARWATER FL 33759**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPE, RICHARD W TRUSTEE 19353 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* CHRISTOPHER R COPE <input type="checkbox"/> Delete 300 S. PARK PLACE CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD W. COPE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 S. PARK PLACE BLVD #150 CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	← *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000032289000 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/28/00--01069--023 *****50.00 *****50.00
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]** **REQUIRED** Date: **4/12/00** Daytime Phone #: **727-723-8887**

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CR2E083 (9/99)