

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003492**

FILED

01 MAR 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**LINEBAUGH DEVELOPMENT, LLC**

Principal Place of Business  
**5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609**

Mailing Address  
**5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609**

2. Principal Place of Business  
**12349 WEST LINEBAUGH AVE.**

3. Mailing Address  
Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State

Zip  
**33626**

Country  
**USA**

Zip  
Country

4. FEI Number  
**59-3611777**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W**  
**415 S. HYDE PARK AVE**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name  
**HOLCOMB, VICTOR W.**

Street Address (P.O. Box Number is Not Acceptable)  
**106 S. TAMPA AVE.**

**SUITE 200**

City  
**TAMPA**

FL Zip Code  
**33609**

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	<b>MGRM RATH, FRED H 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARPER, WILLIAM H 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA FL 33609</b> <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	<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
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: **Fred H. Rath** **FILED** Date: **3-23-01** Daytime Phone #: **813-636-8860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)