

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017865

AF

DOCUMENT # **M99000001766**

1. Entity Name

**SAILWINDS, LLC**

**FILED**

**01 FEB 22 PM 4:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2727 FLETCHER AVENUE WEST  
TAMPA FL 33618**

Mailing Address

**2727 FLETCHER AVENUE WEST  
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**

**526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
NAME **ANDREWS, FRANK**  
STREET ADDRESS **2727 W. FLETCHER AVE.**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **800003768718--5**

TITLE **MGR** ☒ Delete  
NAME **BARNES, CHAARON**  
STREET ADDRESS **2727 FLETCHER AVENUE WEST**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **-02/26/01--0150-001 Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE **MGRM** ☐ Delete  
NAME **WOODYARD, KATHY**  
STREET ADDRESS **2727 W. FLETCHER AVE.**  
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HISAW, ROBIN**  
STREET ADDRESS **2727 W. FLETCHER AVE**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**01.31.01**

Date

**813/961-6641**

Daytime Phone #

CR2E083 (11/00)