

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015874

1. Entity Name

ALACHUA VILLAS, LLC

Principal Place of Business

Mailing Address

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

14000 NW 154th Avenue

516 Lakeview Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alachua, FL

Clearwater, FL

Zip

Country

Zip

Country

32615

USA

33756

USA

4. FEI Number

59-3690765

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Thomas F. Flynn

Street Address (P.O. Box Number is Not Acceptable)

516 Lakeview Road

#8

City

Clearwater

FL

Zip Code
33756

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

Thomas F. Flynn, Agent

3/01/01

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

600003911936--1

-03/27/01--01055--016

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMAS F. FLYNN
516 LAKEVIEW RD., #8
CLEARWATER, FL 33756

☐ Delete

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

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☐ Change ☐ 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:

Thomas F. Flynn

Thomas F. Flynn, Manager

3/01/01

727-449-1182

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

Date

Daytime Phone #

CR2E083 (11/00)