

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L00000000190

1. Entity Name

LIDO BAY RESORT, L.L.C.

Principal Place of Business

Mailing Address

1535 SW Archer Road
Gainesville, Florida
32608

Post Office Box 1047
Gainesville, Florida
32602

2. Principal Place of Business

1535 SW Archer Road

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1047

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL 32607

City & State

Gainesville, FL 32602

4. FEI Number

59-3619144

Applied For

Not Applicable

Zip

32607

Country

Alachua

Zip

32602

Country

Alachua

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

Anthony Liuzzo

1535 SW Archer Road

Gainesville, Florida 32607

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member ☐ Delete
Anthony Liuzzo
1535 SW Archer Road
Gainesville, FL 32607

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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:

Anthony Liuzzo, Managing Member 352/376-9982 04/10/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)