

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L-235**

1. Entity Name

Oldsmar Town Center
12645 Racetrack Road,
Tampa, FL 33626

Principal Place of Business

12645 Racetrack Road
Tampa, FL 33626

Mailing Address

P.O. Box 1175
Oldsmar, Florida 34677

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ 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

Randy Mears Managing Member
P.O. Box 1175
Oldsmar, Florida 34677

Name

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

12645 Racetrack Rd

City

Tampa

FL

Zip Code

33626

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

Randy Mears

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

5-1-01

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
Randy Mears
Managing Member
12645 Racetrack Road,
Tampa, Florida 33626

☐ Delete

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Randy Mears (Randy mears)

5/1/01

813-854-4486

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

Date

Daytime Phone

CR2E083 (1/00)