

2001 UNIFORM BUSINESS REPORT (UBR)

001741 AF

DOCUMENT # L00000000382

1. Entity Name

EVEREST PARTNERS, LLC

Principal Place of Business

100 NORTH TAMPA STREET, SUITE 3175
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET, SUITE 3175
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

100 N TAMPA ST

100 N TAMPA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2030

Suite 2030

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33602 Hillsborough

33602 Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number

65-0973809

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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 member
NAME Harry C Flowers
STREET ADDRESS PO Box 2262
CITY-ST-ZIP TAMPA, FL 33601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003662013--3
-02/08/01--01091--003
*****50.00

TITLE member
NAME Richard A Beard
STREET ADDRESS 4417 Bayshore Blvd
CITY-ST-ZIP TAMPA, FL 33611

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

Date

Daytime Phone #

1/26/01

8132217209

CR2E083 (11/00)