

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000607

1. Entity Name

CLEARWATER NICHOLSON HOUSE, L.L.C.

Principal Place of Business

1012 N. OSCEOLA AVE.  
CLEARWATER FL 33755

Mailing Address

1012 N. OSCEOLA AVE.  
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617903

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

ALAN S. GASSMAN, P.A.  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756

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

TITLE NAME MGR  
STREET ADDRESS PURCELL, JANET  
CITY-ST-ZIP 1012 N. OSCEOLA AVE.  
CLEARWATER FL 33755

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
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TITLE NAME  
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CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

600004084089-1  
-04/27/01--01029--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Janet Purcell*

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

Date

4-11-01

Daytime Phone #

727-6698006

CR2E083 (11/00)