

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000854

1. Entity Name
MANNING OAKS, LLC.

Principal Place of Business
1445 COURT STREET
CLEARWATER FL 33759

Mailing Address
C/O GOTTLIEB & GOTTLIEB PA
2475 ENTERPRISE RD SUITE 100
CLEARWATER FL 33763

FILED

01 JAN 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE RD
SUITE 100
CLEARWATER FL 33763

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 _____ (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 ☐ Delete
MGR
ROSS, J. THURMAN III
STREET ADDRESS
1445 COURT STREET
CITY-ST-ZIP
CLEARWATER FL 33759

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003631881--3
--02/02/01--01140--022
*****50.00 *****50.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

1/22/01

CR2E083 (11/00)