

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90267 043 ****50.00

DOCUMENT # L00000001131

1. Entity Name
BVG-SIESTA, L.L.C.

Principal Place of Business
**601 BAYSHORE BLVD., STE. 960
 TAMPA FL 33606**

Mailing Address
**601 BAYSHORE BLVD., STE. 960
 TAMPA FL 33606**

2. Principal Place of Business
777 S. HARBOUR ISL. BLVD.

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 925

City & State
TAMPA, FL

City & State

4. FEI Number **59-3622238** **APPLIED FOR**

Applied For
 Not Applicable

Zip
33602

Country
USA

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

**WOLFE, RANDOLPH J
 100 NORTH TAMPA STREET, SUITE 2700
 TAMPA FL 33602**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M** ☐ Delete
 NAME **HEINBERG, C. JAE**
 STREET ADDRESS **601 BAYSHORE BLVD., SUITE 960**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **777 S. HARBOUR ISLAND BLVD. STE 925**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE ☐ 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: **C. JAE HEINBERG**

4.11.02

813.251.4868

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

Date

Daytime Phone #

CR2E083 (9/01)