

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003298

1. Entity Name

MYAKKA RANCH, LLC

FILED

01 JUL 25 AM 8:47

Principal Place of Business

Mailing Address

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12851 FAIRVIEW RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL.

4. FEI Number

65-1003940

Applied For

Not Applicable

Zip

Country

Zip

34240

Country

SARASOTA

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

DEITRICH, DAVID K.

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT
NAME: JAMES CLARKE
STREET ADDRESS: 7933 QUAIL LANE
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: VICE PRESIDENT
NAME: GARY MUMF
STREET ADDRESS: 16 EAST 94th STREET
CITY-ST-ZIP: N.Y. N.Y. 10128

TITLE: SECRETARY
NAME: BILL NEWMAN
STREET ADDRESS: 50 RAYMOND RD.
CITY-ST-ZIP: WEST HARTFORD CT. 06107

TITLE:
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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:

JAMES CLARKE

7/23/01 (941)371-3205

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE