

2001 UNIFORM BUSINESS REPORT (UBR)

0024555 AF

DOCUMENT # L00000003682

1. Entity Name

FT 720 BUILDING SUITE 250, L.C.

FILED

01 FEB 21 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~XXXXXX NW 6TH TERRACE~~
~~GAINESVILLE FL 32607~~

~~XXXXXX NW 6TH TERRACE~~
~~GAINESVILLE FL 32607~~

2. Principal Place of Business
4423 NW 6TH PLACE

3. Mailing Address
4423 NW 6TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number

Applied For

Not Applicable

Zip
32607

Country

Zip
32607

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

FINLAYSON, GORDON C M.D.

~~XXXXXX NW 6TH TERRACE~~
~~GAINESVILLE FL 32607~~

Name

Street Address (P.O. Box Number is Not Acceptable)
4423 NW 6TH PLACE

SUITE A

City
GAINESVILLE

FL

Zip Code
32607

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FINLAYSON, GORDON C M.D.
~~XXXXXX NW 6TH TERRACE~~
~~GAINESVILLE FL 32607~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TARRANT, DARRELL G M.D.
~~XXXXXX NW 6TH PLACE~~
~~GAINESVILLE FL 32607~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

Gordon Finlayson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/01

CR2E083 (11/00)