

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024560 AF

DOCUMENT # L00000003684

1. Entity Name  
FTA 720 BUILDING SUITE 252, L.C.

FILED

01 FEB 22 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
711 S.W. 88TH TERRACE  
GAINESVILLE FL 32607 XXXX

Mailing Address  
711 S.W. 88TH TERRACE  
GAINESVILLE FL 32607 XXXX

2. Principal Place of Business  
4423 NW 6TH PLACE

3. Mailing Address  
4423 NW 6TH PLACE

Suite, Apt. #, etc.  
SUITE A

Suite, Apt. #, etc.  
SUITE A

City & State  
GAINESVILLE, FL

City & State  
GAINESVILLE, FL

Zip Country  
32607

Zip Country  
32607

4. FEI Number

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

FINLAYSON, GORDON C M.D.  
711 S.W. 88TH TERRACE  
GAINESVILLE FL 32607 XXXX

## 7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	FINLAYSON, GORDON C M.D.	711 S.W. 88TH TERRACE	GAINESVILLE FL 32607	<input type="checkbox"/>
MGRM	TARRANT, DARRELL G M.D.	9131 N.W. 13TH PLACE	GAINESVILLE FL 32605	<input type="checkbox"/>
MGRM	ALFINO, PAUL A M.D.	4423 NW 6TH STREET	GAINESVILLE FL 32607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		4423 NW 6TH PLACE, SUITE A	GAINESVILLE, FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4423 NW 6TH PLACE, SUITE A	GAINESVILLE, FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4423 NW 6TH PLACE, SUITE A	GAINESVILLE, FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X

*Gordon Finlayson*

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

Date

Daytime Phone #

2/13/01

CR2E083 (11/00)