

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004223

1. Entity Name

EVOLVE DEVELOPMENT GROUP, LLC

Principal Place of Business

308 13TH STREET WEST  
BRADENTON FL 34205

Mailing Address

308 13TH STREET WEST  
BRADENTON FL 34205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, DAVID W ESQ.  
308 13TH STREET WEST  
BRADENTON FL 34205

1301 6TH AVE W.  
SUITE 401  
BRADENTON, FL  
34205

7. Name and Address of New Registered Agent

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)

L0000044222-9

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

-06/15/01--01098--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MANAGING MEMBER ☐ Delete  
ROBERT B GARIBAY  
1281 EDGEWATER CIR.  
BRADENTON, FL 34209

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MANAGING MEMBER ☐ Delete  
DAVID C HORTON  
2917 BREEN RIDGE  
BRADENTON, FL 34214

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ 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:

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

Date

Daytime Phone #

APRIL 2, 01 941 792 7443

CR2E083 (11/00)

0021575 AF

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE