

2001 UNIFORM BUSINESS REPORT (UBR)

0021617 AF

DOCUMENT # L00000005121

1. Entity Name
GOLDEN GATE CENTER, LLC

Principal Place of Business
9129 16TH AVE CIRCLE NW
BRADENTON FL 34205

Mailing Address
9129 16TH AVE CIRCLE NW
BRADENTON FL 34205

FILED

01 FEB 22 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

TIMOTHY P. LEHMAN

Street Address (P.O. Box Number is Not Acceptable)

9129 16TH AV. CIR. N.W.

City

BRADENTON

FL

Zip Code

34209

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

[Signature]

TIMOTHY P. LEHMAN

1/10/01

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

TITLE
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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
TIMOTHY P. LEHMAN
9129 16TH AV. CIR. N.W.
BRADENTON, FL. 34209

☐ Change ☐ Addition

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:

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

[Signature] TIMOTHY P. LEHMAN

1/10/01

(941) 737-7448

CR2E083 (11/00)