

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005490

1. Entity Name

SANDCASTLES OF SARASOTA, LLC

Principal Place of Business

4051 SHELL ROAD
SARASOTA FL 34242

Mailing Address

4051 SHELL ROAD
SARASOTA FL 34242

2. Principal Place of Business

3420 Gulfmead Drive

3. Mailing Address

3420 Gulfmead Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34242

Country

USA

Zip

34242

Country

USA

4. FEI Number

65-1010775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHMIELESKI, PHILLIP J
4051 SHELL ROAD
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name Chmielecki, Phillip J

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

3420 Gulfmead Drive

City Sarasota

FL

Zip Code

34242

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

4-19-01

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

500004163465--5
-05/08/01--01138--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME CHMIELESKI, PHILLIP J
STREET ADDRESS 4051 SHELL ROAD
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

TITLE MGR
NAME BOHATY, MARGARET H
STREET ADDRESS 4051 SHELL ROAD
CITY-ST-ZIP SARASOTA FL 34242 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Chmielecki, Phillip J
STREET ADDRESS 3420 Gulfmead Drive
CITY-ST-ZIP Sarasota FL 34232 ☒ Change ☐ Addition

TITLE MGR
NAME Bohaty, Margaret H
STREET ADDRESS 3420 Gulfmead Drive
CITY-ST-ZIP Sarasota, FL 34232 ☒ Change ☐ Addition

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

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

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

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:

Signature and typed or printed name of signing managing member, manager, or authorized representative

4/19/01

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

01 APR 23 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE