

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006783

1. Entity Name

TERRY O'CONNOR HOMES, L.L.C.

FILED

01 APR 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2033 MAIN STREET, SUITE 600
SARASOTA FL 34277-1827

Mailing Address

PO BOX 15827
SARASOTA FL 34277-1827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2033 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State

City & State
Sarasota, Florida

4. FEI Number

65-1016664

Applied For

Not Applicable

Zip

Country

Zip

34237

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFLUGNER, J. GEOFFREY

2033 MAIN STREET, SUITE 600

SARASOTA FL 34277-1827

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)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Manager ☐ Delete
NAME Terry O'Connor
STREET ADDRESS 2033 Main Street, Suite 600
CITY-ST-ZIP Sarasota, Florida 34237

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Terry O'Connor
TERRY O'CONNOR

4-10-01

941-927-3371

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

Date

Daytime Phone #

CR2E083 (11/00)