

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006822

1. Entity Name

ARBOR THICKET DEVELOPMENT, LLC

FILED

01 OCT -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~875 DOG KENNEL ROAD~~ 7355 Richardson Rd.
SARASOTA FL 34240

Mailing Address

~~875 DOG KENNEL ROAD~~ 7355 Richardson Rd.
SARASOTA FL 34240

2. Principal Place of Business

7355 Richardson Rd.

3. Mailing Address

7355 Richardson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, GARRET T ESQ
3119 MANATEE AVE WEST
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 Barnes, Garret T ESQ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TOPE, RENÉ E
STREET ADDRESS ~~875 DOG KENNEL ROAD~~ 7355 Richardson Rd.
CITY-ST-ZIP SARASOTA FL 34240

TITLE MGR ☐ Delete
NAME TOPE, EDWIN GREGORY
STREET ADDRESS ~~875 DOG KENNEL ROAD~~ 7355 Richardson Rd.
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7355 Richardson Road
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7355 Richardson Rd.
CITY-ST-ZIP

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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

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

9/26/01 941-371-7070

Date Daytime Phone #

CR2E083 (5/01)