

2001 UNIFORM BUSINESS REPORT (UBR)

0028074 AF

DOCUMENT # L00000007788

1. Entity Name
CLIFFORD TARPON SPRINGS, LLC

FILED

01 MAR 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
343 WAINWRIGHT DRIVE
NORTHBROOK IL 60062

Mailing Address
343 WAINWRIGHT DRIVE
NORTHBROOK IL 60062

2. Principal Place of Business
6215 Stone Road
Suite, Apt. #, etc.
Suite 100
City & State
Port Richey, FL
Zip
34668

3. Mailing Address
6215 Stone Road
Suite, Apt. #, etc.
Suite 100
City & State
Port Richey, FL
Zip
34668

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4379886
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

600003993036--1
-04/12/01--01006--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLIFFORD CLEARWATER, LLC 6215 STONE ROAD, SUITE 100 PORT RICHEY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLIFFORD CLEARWATER, LLC MGRM 6215 STONE ROAD, SUITE 100 PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven H. Spenceley Steven H. Spenceley/Controller 3/8/01 (727) 845-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)