

2001 UNIFORM BUSINESS REPORT (UBR)

0017239 AF

DOCUMENT # L00000008755

1. Entity Name
BUCCANEER REAL ESTATE HOLDINGS, LLC

FILED

01 MAR 23 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1611 W. PLATT STREET, SUITE B
TAMPA FL 33606

Mailing Address
1611 W. PLATT STREET, SUITE B
TAMPA FL 33606



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

59-3699772

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, CODY W
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Name
~~KEITH W. KOEHLER, CPA~~ KEITH W. KOEHLER, CPA
Street Address (P.O. Box Number is Not Acceptable)
1611 W. PLATT STREET
City TAMPA FL Zip Code 33606

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

2/15/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIRECTOR
KEITH W. KOEHLER, CPA
1611 W. PLATT STREET
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003930152--B
-03/29/01--01105--011
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 of 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

Date

Daytime Phone #

CPA 2/15/01 813-258-1272

CR2E083 (11/00)