

2001 UNIFORM BUSINESS REPORT (UBR)

0030048 AF

DOCUMENT # L00000010135

1. Entity Name
AM-POL DEVELOPMENT, L.L.C.

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8403 SILVER MOUNTAIN COVE
AUSTIN TX 78737

Mailing Address

8403 SILVER MOUNTAIN COVE
AUSTIN TX 78737

2. Principal Place of Business

825 E. CYPRESS ST.

Suite, Apt. #, etc.

3. Mailing Address

825 E. CYPRESS ST.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

Zip

34689

Country

4. FEI Number

74-2970579

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

IHRIG, KENT

100 NORTH TAMPA, STE 3500

TAMPA FL 33602

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

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

800004336868--S
-05/31/01--01094--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GENERAL PARTNER
HENRY KASPROW
825 E. CYPRESS ST.
TARPON SPRINGS, FL 34689

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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☐ 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

Date

Daytime Phone #

5/1/01 727-942-1772

CR2E083 (11/00)