

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010182

1. Entity Name

THE ESTATE PLANNING INSTITUTE OF THE SUNCOAST, L

Principal Place of Business

COMCENTER 70  
6150 STATE ROAD 70 EAST, SUITE A  
BRADENTON FL 34203-9707

Mailing Address

COMCENTER 70  
6150 STATE ROAD 70 EAST, SUITE A  
BRADENTON FL 34203-9707

2. Principal Place of Business

6836 Bay Hill Dr.

3. Mailing Address

6836 Bay Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip 34202-2500

Country USA

Zip

34202-2500

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOTT, JEFFREY M

6150 STATE ROAD 70 EAST, SUITE 3  
BRADENTON FL 34203-9707

Name

Street Address (P.O. Box Number is Not Acceptable)  
6836 Bay Hill Dr.

City Bradenton

FL

Zip Code 34202-2500

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 NAME MGRM  
GOTT, JEFFREY M  
STREET ADDRESS 6150 STATE ROAD 70 EAST, SUITE 3  
CITY-ST-ZIP BRADENTON FL 34203-9707

TITLE NAME  
STREET ADDRESS 6836 Bay Hill Dr.  
CITY-ST-ZIP Bradenton, FL 34202-2500

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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

Date

Daytime Phone #

FILED

01 APR -2 PM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)