

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010259

1. Entity Name
Y-NOT-5, LLC

Principal Place of Business
3601 N. NEBRASKA AVENUE
TAMPA FL 33603

Mailing Address
3601 N. NEBRASKA AVENUE
TAMPA FL 33603

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

Applied For

☒ Not Applicable

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

~~NORMAN, CHRISTOPHER H ESQ~~
~~HINES NORMAN & ASSOCIATES, P.L.~~
~~345 SOUTH HYDE PARK AVENUE~~
~~TAMPA FL 33606~~

Name
ANTHONY J. BORRELL, JR
Street Address (P.O. Box Number is Not Acceptable)
3601 N. NEBRASKA AVE
City **TAMPA** FL Zip Code **33603**

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 **ANTHONY J. BORRELL, JR - SOLE MANAGER**

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

(NOTE: Registered Agent signature required for reinstating)

1/9/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SOLE MANAGER
ANTHONY J. BORRELL, JR.
3601 N. NEBRASKA AVE.
TAMPA, FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900003554409--8
-01/18/01--01093--015
******250.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
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: **ANTHONY J. BORRELL, JR** 1/9/01 (813)228-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 JAN 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)