

2001 UNIFORM BUSINESS REPORT (UBR)

0016731 AF

DOCUMENT # L00000011799

1. Entity Name
WEATHERSFIELD COMMONS, L.L.C.

FILED

2001 APR 27 PM 1:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
202 WEST REYNOLDS STREET
PLANT CITY FL 33566

Mailing Address
202 WEST REYNOLDS STREET
PLANT CITY FL 33566

2. Principal Place of Business
1649-1757 MAIN ST.

3. Mailing Address
8302 LAUREL FAIR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
DUNEDIN FL

City & State
TAMPA FLORIDA

4. FEI Number
59-3673396

Applied For
Not Applicable

Zip
34698

Country

Zip
33610

Country

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

6. Name and Address of Current Registered Agent

COMER, GORDON
202 WEST REYNOLDS STREET
PLANT CITY FL FL335-66

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8302 LAUREL FAIR CIRCLE S

Suite 100

City

TAMPA

FL

Zip Code

33610

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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

9. MANAGING MEMBERS/MEMBERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

MANAGING PARTNER
PETER W HOLDEN
901 NW 119TH AVE
CORAL SPRINGS, FL 33071-000

500004217955-1
-05/15/01--01106--012
*****50.00 *****50.00

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: *Gordon Comer Manager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01

CR2E083 (11/00)