

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017594 AF

DOCUMENT # **L00000011853**

1. Entity Name  
**THE AMELIA GROUP OF TAMPA, LLC**

01 MAY -1 PM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4002 SOUTH MANHATTAN AVENUE. SUITE 12  
TAMPA FL 33611**

Mailing Address  
**4002 SOUTH MANHATTAN AVENUE. SUITE 12  
TAMPA FL 33611**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5041 W. CYPRESS ST.**  
Suite, Apt. #, etc.  
**300**

3. Mailing Address  
**PO Box 18082**  
~~5041 W. CYPRESS ST~~  
Suite, Apt. #, etc.  
~~300~~

City & State  
**TAMPA FLORIDA**

City & State  
**TAMPA FL**

4. FEI Number  
**59-3673667**

Applied For  
 Not Applicable

Zip  
**33607**

Country  
**US**

Zip  
~~33679~~  
**33607**

Country  
**US**

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

6. Name and Address of Current Registered Agent  
**GILBERT, JONATHAN S  
101 EAST KENNEDY BOULEVARD, SUITE 3700  
TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name  
**JONATHAN S. GILBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**5041 W. CYPRESS ST SUITE 300**  
City  
**TAMPA** FL Zip Code  
**33607**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4/16/01**

**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: (813) 2213  
4-23-01 286-~~73~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)