

# 2001 UNIFORM BUSINESS REPORT (UBR)

02/11/01


**DOCUMENT #** L00000012316

**1. Entity Name**  
 SEPTEMBER VENTURES, L.L.C.

**FILED**

01 JAN 22 AM 8:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**

2507 W HIAWATHA ST      2507 W HIAWATHA ST  
 TAMPA FL 33614      TAMPA FL 33614

**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

59-3677086       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**

WALKER, ELSIE M  
 2507 W HIAWATHA ST  
 TAMPA FL 33614

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)      200009582312--7

City      FL      Zip Code

01/26/01      01136      015  
 \*\*\*\*\*50.00      \*\*\*\*\*50.00

**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 \_\_\_\_\_

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

**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
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	ELSIE M. WALKER	2507 W HIAWATHA ST	TAMPA FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHIEF OPERATING OFFICER	LAURIE L. CARDINALE	2507 W HIAWATHA ST	TAMPA FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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*      *1/16/00*      *(813)765-3490*

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

CR2E083 (11/00)