# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000012620

**1.** Entity Name

**AEGIS GRIFFIN REALTY, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 801 WEST BAY DR. STE. 406<br>LARGO FL 33710 | 801 WEST BAY DR. STE. 406<br>LARGO FL 33710 |

**FILED**

01 SEP -4 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| **2.** Principal Place of Business | **3.** Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | **4.** FEI Number |
| Zip | Country | Zip | Country | **5.** Certificate of Status Desired ☐ |

☑ Applied For / Not Applicable

**$5.00** Additional Fee Required

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| GIBBS, JAMES M II<br>801 WEST BAY DR., STE. 406<br>LARGO FL 33710 | Name _SAmc_<br>Street Address (P.O. Box Number is Not Acceptable),<br><br>City _____ FL _____ Zip Code |

**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<br>Make Check Payable to Department of State<br>Due By September 26, 2001 | 700004597807--2<br>-09/19/01--01013--014<br>*****50.00  *****50.00 |
|---|---|

**9.** MANAGING MEMBERS / MANAGERS     **10.** ADDITIONS / CHANGES

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change | Addition |
|---|---|---|---|---|
| TITLE _Member_<br>NAME _James M. Gibbs II_<br>STREET ADDRESS _801 West Bay Dr # 406_<br>CITY-ST-ZIP _Largo, FL 33770_ | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE _Member_<br>NAME _Dushyant Gulati_<br>STREET ADDRESS _801 West Bay Dr #406_<br>CITY-ST-ZIP _Largo, FL 33770_ | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |

**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:** _____ REQUIRED    8-25-01

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

STAPLE CHECK HERE

CR2E083 (5/01)