

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012933

1. Entity Name

S&B LAND HOLDINGS, LLC

Principal Place of Business

211 SOUTH BOULEVARD
TAMPA FL 33606

Mailing Address

211 SOUTH BOULEVARD
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANTANA & COMPANY, P.A.
5033 W. LAUREL STREET, SUITE 110
TAMPA FL 33607

Name Santana & Co., P.A.
Street Address (P.O. Box Number is Not Acceptable)
211 South Blvd.

City Tampa FL Zip Code 33606

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
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE mgr
NAME Charles M. Santana
STREET ADDRESS 211 South Blvd.
CITY-ST-ZIP Tampa FL 33606

☐ Delete

TITLE mgr
NAME Richard E. Byrd
STREET ADDRESS 211 South Blvd.
CITY-ST-ZIP Tampa FL 33606

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/26/01

FILED

01 SEP 28 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (5/01)

STAPLE CHECK HERE