

2001 UNIFORM BUSINESS REPORT (UBR)

0017697 AF

DOCUMENT # L00000013254

1. Entity Name

MSR PROPERTIES, LLC

FILED

01 JUN 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15436 N. FLORIDA AVENUE, SUITE 103
TAMPA FL 33613

15436 N. FLORIDA AVENUE, SUITE 103
TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16007 N. FLORIDA AVE.

3. Mailing Address

16007 N. FLORIDA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, WHITE, GILLEN, BOGGS ET AL.
ATTN: R. ALAN HIGBEE
501 E. KENNEDY BOULEVARD, SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name RONALD B. SCOTSON

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

16007 N. FLORIDA AVE.

City LUTZ

FL

Zip Code 33549

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 *Ronald B. Scotson*

RONALD B. SCOTSON

APRIL 30, 2001

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

000004460790--1

-07/05/01--01106--018

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS FRANK L. MORSANI
CITY-ST-ZIP 16007 N. FLORIDA AVE.
LUTZ, FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: *Frank L. Morsani* FRANK L. MORSANI APRIL 30, 2001 813-963-6757

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

Date

Daytime Phone #

CR2E083 (11/00)