

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013643

1. Entity Name

FRANKLIN STREET PROPERTIES, LLC

FILED

01 AUG 17 PM 12:17

Principal Place of Business

1523 N. FRANKLIN ST.
TAMPA FL 33602

Mailing Address

1523 N. FRANKLIN ST.
TAMPA FL 33602

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-1054189

Applied For

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

ACCORDI, JASON
1523 N. FRANKLIN ST.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

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
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER ACCORDI, JASON 1523 N. Franklin St. Tampa FL 33602 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER ACCORDI, JOHN 1523 N. Franklin St. Tampa FL 33602 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER FORD, SPENCER 1523 N. Franklin St. Tampa FL 33602 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
200004547582-7
-08/21/01--01074--014
*****50.00 *****50.00

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

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

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

TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGER
JASON ACCORDI

4/29/01

813-228-7722

CR2E083 (11/00)