

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90216 038 ****50.00

DOCUMENT # L00000014170

1. Entity Name

PSDC PROPERTIES AT CAMPUS CROSSINGS, LLC

Principal Place of Business

**1831 S. TAMiami TRAIL
 VENICE FL 3423**

Mailing Address

**1831 S. TAMiami TRAIL
 VENICE FL 3423**

2. Principal Place of Business

13035 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

13035 TAMiami TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

4. FEI Number

65-1074721

Applied For

Not Applicable

Zip

34287

Country

USA

Zip

34287

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCKINLEY, MICHAEL R
 18401 MURDOCK CIR.
 PORT CHARLOTTE FL 3348**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SHIPPS, PETER E**
 STREET ADDRESS **227 WOODINGHAM LANE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **VP** ☐ Change ☒ Addition
 NAME **SHIPPS, KAREN**
 STREET ADDRESS **227 WOODINGHAM LANE**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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] SIGNED

4/29/02 941-423-5311

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

Date

Daytime Phone #

CR2E083 (9/01)