

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014262

1. Entity Name

WESTPORT PLAZA, L.L.C.

FILED

01 APR -9 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2454 MCMULLEN BOOTH RD.
BLDG. B. STE. 428
CLEARWATER FL 33759

Mailing Address

2454 MCMULLEN BOOTH RD.
BLDG. B. STE. 428
CLEARWATER FL 33759

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

59-3682630

Applied For

Not Applicable

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

LITTLE, THOMAS M
201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602

Name Thomas M. Little

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

100 North Tampa St.

Suite 2700

City Tampa

FL

Zip Code 33602

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

10.

ADDITIONS/CHANGES

TITLE MEM
NAME Mark E. Sheldon
STREET ADDRESS 2454 McMullen Booth Rd., B-428
CITY-ST-ZIP Clearwater FL 33759

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

Mark E. Sheldon

3/29/01

727 712 0087

CR2E083 (11/00)