2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000014456 1. Entity Name CLOVERDALE-4, LLC						FILED					
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Principal Place of Business Mailing Address					ĺ						
7900 1815 AVENUE 1010 Cattlemen Pe 7900 1815 AVENUE 1010 Cattlemen Re					4	SECR	ETARY O	F_ST/	XIE.		
SARASOTA FL 34241 SARASOTA FL 34241—					SECRETARY OF STATE TALLAHASSEE. FLORIDA						
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2. Principal Place of Business 3. Mailing Address				_		1 48814811 #31 80111 0#311 00111 001		P1811 81881			
College And Hoster					4	SO NOT WOLL	- IN THIS ODA	> =			
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	IN THIS SPAC	Æ			
City & State City & State					4. FEI N	lumber		Ap	olied For]	
سے رہے سیمی اور ایک			الوسميونيا وقوي الدرائية ال			lymber 5-106 3316			Applicable		
Zip Country		Zip Coun		5. Certificate of Status Desi		ficate of Status Desired	red Solutional Fee Required				
	S. Normand Address of Statement F	la clatared A cast		T	7 Nome	and Address of New Re				1	
1/2	6. Name and Address of Current F	<u> </u>	Name	7. Name	BIIG AGGIOSS OF NOW NO	gistered Ager		,			
Cloverdale-4 BISPHAM, CYRUS G JR.											
2900-IBIS-AVENUE 1010 Collener Rd.				Street Address (P.O. Box Number is Not Acceptable)							
SARASOTA FL 34241										1	
3 423 2				0.1							
	•			City			FL ∖	Zip Code			
8. The above	named entity submits this statement for	the purpose of changing it	ts registere	ed office or registe	red agent, o	or both, in the State of Flori	da.				
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable (NO	TF: Registere	d Agent signature required	t when reinstatio	ng)	DATE				
	Signature, typed or printed rialine or registered again a	to the il applicable. (110	A C. Mogistero	o x gan dignatoro roquiro	- Wildingson					Ì	
				FEE IS \$50.00							
	*	Make Check P	ayable t	o Department o	f State	1.45 1.45 1.44	· · ·			·~ .~	
		DO (MEMOEDO	140			ADDITIONS (PHANCES			ł	
9.	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/C		Change	■ Addition	g	
TITLE NAME		☐ Delete	TITLI NAM			-	<u> </u>	Unango	E Addition	1	
STREET ADDRESS	CYRUS G. BEEPHAMIN 1010 CAHLEMEN Rd		STRE	ET ADDRESS						E083 (11/00)	
CITY-ST-ZIP	SARASOTA, Pl. 3423	12	CITY	-ST-ZIP						Ĭ	
TITLE	MAN.	☐ Delete	TITLI		-		. 🗆	Change	Addition	Ü	
NAME	James Gabbeat 8000 Ibis Av.		NAM			8000003	6728	328	7		
STREET ADDRESS	8000 Z 618 PW.			ET ADDRESS		-02/09	/0101	386			
CITY-ST-ZIP	SARASOTA, Pl. 3424			-ST-ZIP		米米米米			50.00	1	
TITLE	MAN.	Delete	TITLI NAM					Change	☐ Addition		
NAME STREET ADDRESS	Paul I. Bispham 1850 Ilis Av.	•		ET ADDRESS							
CITY-ST-ZIP	l			-ST-ZIP							
TITLE	MAN,	Detete Detete	ध्याप		- <u>-</u>		-,	Change	Addition =	<u> </u>	
NAME	Lenead Meyer		NAM	- 1		٨	/				
STREET ADDRESS	Lenead Meyer 8491 Bolyen re SARMSO 42, Rl. 34			ET ADDRESS		$\mathcal{L}_{\mathcal{N}}$	•				
	SAMSOTA, Kl. 34	_	_	-ST-ZIP		<u> </u>		Ch	- Addition	ł	
TITLE NAME		☐ Delete	TITLE	į.				Change	☐ Addition	1	
STREET ADORESS	·			ET ADDRESS						ŀ	
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TITLE :		☐ Delete	TITLE	:				Change	Addition		
NAME 🕇			NAM	E					1	1	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP						-	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have	or the exe	mption stated in Se e legal effect as if r	ection 119.0 nade under	07(3)(i), Florida Statutes. I f r oath; that I am a manaoir	urther certify thing member or	nat the in manager	formation of the		
limited lia	bility company or the receiver or trustee	empowered to execute this	s report as	required by Chap	ter 608, Flo	rida Statutes.	J		:=	٠,	
	/Van De	Tarif land	р, устаг	100	م	1 /	4				
SIGNAT	URE: // Ben	Cy Cy	Rus C	0. 1518 ph	min	1/31/01 Date	741-37	1-69	81	3.	
	SIGNATURE AND PRED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, M.	ANAGER, OR	AUTHORIZED REPRESE	NTATIVE	r Date	Daytime	Phone #		ĺ	