

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014456

1. Entity Name  
CLOVERDALE-4, LLC

FILED

01 FEB -5 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
7900 IBIS AVENUE 1010 CATHLEMAN RD 7900 IBIS AVENUE 1010 CATHLEMAN RD  
SARASOTA FL 34241 SARASOTA FL 34241  
34232 34232

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1063316 ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
Cloverdale-4  
BISPHAM, CYRUS G JR.  
7900 IBIS AVENUE 1010 Cathleman Rd.  
SARASOTA FL 34241  
34232

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  
PRES Cyrus G. Bispham Jr 1010 Cathleman Rd SARASOTA, FL 34232  
MAN James Gabbert 8000 Ibis Av. SARASOTA, FL 34241  
MAN Paul I. Bispham 7850 Ibis Av. SARASOTA, FL 34241  
MAN Leland Meyer 8491 Bolyard Rd SARASOTA, FL 34240

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
800003672828-7  
-02/09/01--01086--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: Cyrus G. Bispham Jr 1/31/01 941-371-6581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)