

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022113 AF

DOCUMENT # L00000014685

1. Entity Name

N. CRAIG MCALLISTER AND LAURIE S. MCALLISTER, LL

Principal Place of Business

1605 MAIN ST., STE. 912  
SARASOTA FL 34236

Mailing Address

1605 MAIN ST., STE. 912  
SARASOTA FL 34236

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

☒ 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

SCOVILL, H. WILLIAM  
1605 MAIN ST., STE. 912  
SARASOTA FL 34236

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

10. ADDITIONS / CHANGES

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

TITLE \_\_\_\_\_  
NAME **Manager**  
STREET ADDRESS **N. CRAIG MCALLISTER**  
CITY-ST-ZIP **3635 RADNOR PLACE**  
**SARASOTA, FL. 34232**  
☐ Change ☒ Addition

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

TITLE \_\_\_\_\_  
NAME **Manager**  
STREET ADDRESS **Laurie McAllister**  
CITY-ST-ZIP **3635 Radnor Place**  
**Sarasota, Fla. 34232**  
☐ Change ☒ Addition

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

TITLE \_\_\_\_\_  
NAME **400003662704**  
STREET ADDRESS **-02/09/01--01007--018**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
☐ Change ☐ Addition

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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

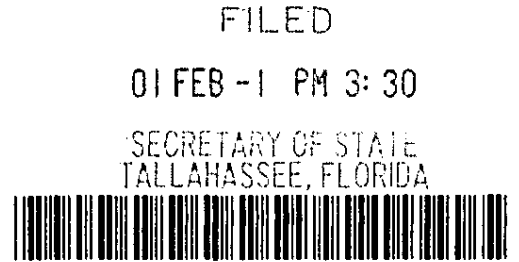
**1/29/01**

Date

**(941) 921-4685**

Daytime Phone #

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE