

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015300

1. Entity Name

LAND VEST ASSOCIATES, L.L.C.

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2147 PORTER LAKE DR. SUITE B SAME  
SARASOTA, FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1061049

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT W. DUNLAP  
22 SOUTH LINKS AVE., SUITE 300  
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	MANAGER	<input type="checkbox"/> Delete
NAME	W.F. SCOTT, INC.	
STREET ADDRESS	618 137TH ST. N.E.	
CITY-ST-ZIP	BRADENTON, FL. 34202	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	ROSE CORP, INC.	
STREET ADDRESS	2147 PORTER LAKE DR. SUITE B	
CITY-ST-ZIP	SARASOTA, FL. 34240	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	KEVIN E. BRUNDAGE, INC.	
STREET ADDRESS	93 LINDEN STREET	
CITY-ST-ZIP	WILLIAMSTOWN MA 01267	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	500004429015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-06/19/01--01067--022	
STREET ADDRESS	*****55.00	
CITY-ST-ZIP	*****55.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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:  W.F. SCOTT, INC.

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

Date

Daytime Phone #

CR2E083 (11/00)