

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015975

1. Entity Name

LOVELESS MANAGEMENT GROUP, LLC

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2000 WEBBER ST
SARASOTA, FL 34239

Mailing Address
2000 WEBBER ST
SARASOTA, FL 34239

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELESS, TIM
2000 WEBBER ST.
SARASOTA, FL 34239

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 registering in 2001)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004488639-9
07/23/01-01001-012
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PRINCIPAL ☐ Delete
NAME TIM LOVELESS
STREET ADDRESS 2000 WEBBER ST.
CITY - ST - ZIP SARASOTA, FL 34239

☐ Change ☐ Addition
900004488639-9
07/23/01-01001-012
*****50.00 *****50.00

TITLE ☐ Delete
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 #