

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016185

1. Entity Name

PELICAN TRAIL, LLC

FILED

2001 MAY 10 AM 11:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
c/o Richard S. Webb, IV c/o Richard S. Webb, IV
2 N. Tamiami Trail, #500 2 N. Tamiami Trail, #500
Sarasota, Florida 34236 Sarasota, Florida 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

65-1067882

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

Richard S. Webb, IV
2 N. Tamiami Trail, Suite 500
Sarasota, Florida 34236

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Managing Member
Richard S. Webb, IV
STREET ADDRESS 2 N. Tamiami Trail, #500
CITY-ST-ZIP Sarasota, Florida 34236

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(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 business 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

Managing Member

05/08/01

Date

941-951-1800

Daytime Phone #

CR2E083 (11/00)