

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016295

1. Entity Name

BELCOURT HOLDING, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3400 S. Tamiami Trail

3. Mailing Address

3400 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

65-1069332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Dechow, Gerald A.
3400 S. Tamiami Trail, Suite 301
SARASOTA, FL 34239

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

6000004383626--5

-06/08/01--01059--020

****150.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CEO + MANAGER
George Repchick
3400 S. Tamiami Trail, Suite 301
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
TREASURER + MANAGER
Lynn M. Anderson
3400 S. Tamiami Trail, Suite 301
SARASOTA, FL 34239

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

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

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

TITLE
NAME
STREET ADDRESS
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

Lynn M. Anderson

4/30/01

941-366-2949

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

Date

Daytime Phone #