

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000228

1. Entity Name

COBBLESTONE III, LLC

Principal Place of Business

8716 COBBLESTONE DRIVE
TAMPA FL 33615

Mailing Address

8716 COBBLESTONE DRIVE
TAMPA FL 33615

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

HINES, JAMES P ESQ.
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004597808-3
-09/19/01--01013--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	JOHN T. GILLIS	
STREET ADDRESS	8716 COBBLESTONE DR	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	PATRICIA A. GILLIS	
STREET ADDRESS	8716 COBBLESTONE DR	
CITY-ST-ZIP	TAMPA, FL 33615	
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		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: PATRICIA A. GILLIS

7/18/01

813-885-4578

0006481

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE