

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90209 044 ****50.00

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**

300004

2. Principal Place of Business

909 3RD STREET EAST

3. Mailing Address

909 3RD STREET EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMETTO, FL

City & State

PALMETTO, FL

4. FEI Number

59-373-9599

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34221

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILLIS, JOHN T
8716 COBBLESTONE DRIVE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**909 3RD STREET EAST
PALMETTO, FL 34221** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILLIS, PATRICIA A
8716 COBBLESTONE DRIVE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**909 3RD STREET EAST
PALMETTO, FL 34221** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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: Patricia A. Gillis **5/1/02 813-885**

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

Date

Daytime Phone #

CR2E083 (9/01)