

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90011 036 ****50.00

DOCUMENT # L01000000749

1. Entity Name

MAGDALENE CENTER OF TAMPA, LLC ✓

Principal Place of Business

**15436 N. FLORIDA AVE. STE. 101
TAMPA FL 33617**

Mailing Address

**15436 N. FLORIDA AVE. STE. 101
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33613

Country

Zip

33613

Country

4. FEI Number

59-3726433

Applied For

Not Applicable

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

**MYERS, W. PARKINSON
15436 N. FLORIDA AVE, STE. 101
TAMPA FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33613

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
MAGDALENE CENTER GP, LLC
15436 N. FLORIDA AVE, STE. 101
TAMPA FL 33617**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TAMPA FL 33613

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

W. Parkinson Myers

4/15/02

(813) 960-1006

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

Date

Daytime Phone #

CR2E083 (9/01)