

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001504

1. Entity Name

ARIT LAND GROUP, L.L.C.

Surcoast Diversified Developers, L.L.C. Name Changed
12/26/01

Principal Place of Business

2655 MCCORMICK DRIVE, SUITE 200
CLEARWATER FL 33759

Mailing Address

2655 MCCORMICK DRIVE, SUITE 200
CLEARWATER FL 33759

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

59-3707195

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

TEW, JOEL R
2655 MCCORMICK DRIVE, SUITE 200
CLEARWATER FL 33759

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

000005002560--0
-02/26/02--01015--010

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONAL NAMES *****\$0.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IRICK, ANDREW G II
3072 HAMPTON COURT
CLEARWATER FL 33761 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

Date

Daytime Phone #

FILED 01000001504

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

71222



DO NOT WRITE IN THIS SPACE

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