

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90118 004 ****55.00

DOCUMENT # L01000004036

1. Entity Name

LANDVEST GROUP, L.L.C.

Principal Place of Business

**618 137TH STREET N.E.
 BRADENTON FL 34202**

Mailing Address

**618 137TH STREET N.E.
 BRADENTON FL 34202**

2. Principal Place of Business

2147 PORTER LAKE DR.

Suite, Apt. #, etc.

SUITE B

3. Mailing Address

2147 PORTER LAKE DR

Suite, Apt. #, etc.

SUITE B

City & State

SARASOTA, FL.

City & State

SARASOTA FL

4. FEI Number

65-1085969

Applied For

Not Applicable

Zip

34240

Country

FLORIDA

Zip

34240

Country

FLORIDA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNLAP, SCOTT W
 22 SOUTH LINKS AVE.
 SUITE 300
 SARASOTA FL 34236**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **W.F. SCUTT INC.**
 STREET ADDRESS **618 137TH STREET N.E.**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **MGR** ☐ Delete
 NAME **RICHARD H. ROSENBERG, INC.**
 STREET ADDRESS **2147 PORTER LAKE DRIVE SUITE B**
 CITY-ST-ZIP **SARASOTA FL 34202**

TITLE **MGR** ☐ Delete
 NAME **KEVIN E. BRUNDAGE, INC.**
 STREET ADDRESS **22 SOUTH LINKS AVE. SUITE 300**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1251 OAKFORD ROAD**
 CITY-ST-ZIP **SARASOTA, FL 34240**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1-29-02

650-2028

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

Date

Daytime Phone #

CR2E083 (9/01)