

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90233 016 ****50.00

DOCUMENT # LQ1000005050

1. Entity Name

COLTAYA ACRES, L.L.C.

Principal Place of Business

4604 SWORDFISH DR.
 BRADENTON FL 34208

Mailing Address

4604 SWORDFISH DR.
 BRADENTON FL 34208

89900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1107420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHARNICK, BRUCE P ESQ.
 2033 MAIN ST., STE. 600
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: David Lerner, Jr. CPA

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

6508 East Fowler Ave

City

Tampa

FL

Zip Code
 33617

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 DAVID A LERNER JR

Signature, typed or printed name of registered agent and use if applicable.

DAVID A LERNER JR
 (NOTE: Registered Agent signature required when reinstating)

5/8/02
 DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. **MANAGING MEMBERS/MANAGERS**

TITLE CHRISTINE M STANTON ☐ Delete
 NAME
 STREET ADDRESS 4604 SWORDFISH DRIVE
 CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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
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 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

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

4-14-02 941-747-1003

Date

Daytime Phone #

CR2E083 (9/01)