

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90083 029 *****55.00

0018073

DOCUMENT # L01000005118

1. Entity Name

BARRISTER BUILDING, LLC - *NAME CHANGE TO*
TREE TOPS I, LLC

Principal Place of Business

Mailing Address

505 E. JACKSON ST., STE. 202
 TAMPA FL 33602

505 E. JACKSON ST., STE. 202
 TAMPA FL 33602

929472

2. Principal Place of Business

3. Mailing Address

10720 MONTAGUE ST

10720 MONTAGUE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33626

Country

HILLSBOROUGH

Zip

33626

Country

HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

STATE

4. FEI Number

59-3706749

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

ROBERTS, RICHARD A
505 E. JACKSON ST., STE. 202
TAMPA FL 33602

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

Richard A. Roberts

RICHARD A. ROBERTS

2-5-02

Signature, typed or printed name of registered agent and file 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 **MGR** ☒ Delete
 NAME **ROBERTS, RICHARD A**
 STREET ADDRESS **505 E. JACKSON ST., STE. 202**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **MARK BRAUN**
 STREET ADDRESS **10720 MONTAGUE ST.**
 CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Richard A. Roberts **REQUIRED**

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

Date

Daytime Phone #

1-07-02

813-225-1040

CR2E083 (9/01)