

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90035 034 \*\*\*\*50.00

**DOCUMENT # L01000006051**

1. Entity Name  
**SUNDANCE CLERMONT, LLC**

Principal Place of Business  
**5405 CYPRESS CENTER DR., STE. 320  
 TAMPA FL 33609**

Mailing Address  
**5405 CYPRESS CENTER DR., STE. 320  
 TAMPA FL 33609**

2. Principal Place of Business  
**1601 JOHNS LAKE ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**CLERMONT, FL**  
 Zip  
**34711**  
 Country  
**USA**

City & State  
 Zip  
 Country

4. FEI Number  
**59-3758312**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W ESQ.  
 106 SOUTH TAMPANIA AVE., STE. 200  
 TAMPA FL 33609**

## 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 CLERMONT APARTMENTS, LLC  
 5405 CYPRESS CENTER DR, SUITE 320  
 TAMPA, FL 33609** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 OSPREY CAPITAL, INC  
 5405 CYPRESS CENTER DR, SUITE 320  
 TAMPA, FL 33609** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

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

TITLE  
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☐ 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

**4/1/02 813-636-8860**

Date

Daytime Phone #

CR2E083 (9/01)

0018536