

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90391 021 \*\*\*\*50.00

**DOCUMENT # L01000007396**

1. Entity Name

**KIRSTENBORCH LAND TRUST, LLC**

Principal Place of Business

**5488 NEW COVINGTON DRIVE  
SARASOTA FL 34233**

Mailing Address

**5488 NEW COVINGTON DRIVE  
SARASOTA FL 34233**

**956030**

2. Principal Place of Business

**5418 ASHTON CT #5**

3. Mailing Address

**5418 ASHTON CT**

Suite, Apt. #, etc.

**#5**

Suite, Apt. #, etc.

**#5**

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip

**34233**

Country

**USA**

Zip

**34233**

Country

**USA**

4. FEI Number

**65-1108187**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GLUCKLICH, MARTIN  
5488 NEW COVINGTON DRIVE  
SARASOTA FL 34233**

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  
**MGRM  
GLUCKLICH, MARTIN  
5488 NEW COVINGTON DRIVE  
SARASOTA FL 34233** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GLUCKLICH, MARGERY  
5488 NEW COVINGTON DRIVE  
SARASOTA FL 34233** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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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 REQUIRED**

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

**4/22/02 (941) 780 0417**

Date

Daytime Phone #

CR2E083 (9/01)