## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am Secretary of State DOCUMENT # L01000008029 1. Entity Name 05-12-2002 90591 001 \*\*\*\*50.00 PINE TREE, L.L.C. Principal Place of Business Mailing Address 2147-G PORTER LAKE DRIVE 2147-G PORTER LAKE DRIVE SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1105512 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRINGER, BILLY Street Address (P.O. Box Number is Not Acceptable) 2147-G PORTER LAKE DRIVE SARASOTA FL 34240 City Zip Code $\mathsf{FL}$ 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. (9/01) **X** Addition TITLE TITLE ☐ Delete NAME NAME Billy B Springer CR2E083 STREET ADDRESS STREET ADDRESS 2147-G Porter Lake Drive CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34240 **Addition** V/P ☐ Delete TITLE TITLE NAME NAME David C. Walsh STREET ADDRESS STREET ADDRESS 15621 Eastbourn Drive CITY-ST-ZIP CITY-ST-ZIP Odessa, FL 33556 V/P ☐ Change Addition Addition ☐ Delete TITLE Robert A. Wilson NAME NAME 2147-G Porter Lake Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE Sarasota, FL 34240 V/P XX Addition Change TITLE ☐ Delete TITLE NAME W.Franklin Ellis STREET ADDRESS STREET ADDRESS 710 Hollybriar Lane CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34108-8264 **M**Addition ☐ Delete ☐ Change NAME Bernadette Fauster STREET ADDRESS STREET ADDRESS 2147-G Porter Lake Drive CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34240 ☐ Delete ☐ Change Addition NAME

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied within is 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 of trustee in powered to execute this report as required by Chapter 808, Florida Statutes.

**FILED** 

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED.

Date

941/371-6327 Daytime Phone #