

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022058

1. Entity Name

BARCLAY TRAILS, L.L.C.

Principal Place of Business

226 HOWARD DR.
BELLEAIR BEACH FL 33786

Mailing Address

226 HOWARD DR.
BELLEAIR BEACH FL 33786

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

26-0016550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, CHARLES M.B.
226 HOWARD DR.
BELLEAIR BEACH FL 33786

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROSS, CHARLES M.B.
226 HOWARD DR.
BELLEAIR BEACH FL 33786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PIETROWSKI, JOHN A
226 HOWARD DR.
BELLEAIR BEACH FL 33786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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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☐ Change ☐ Addition

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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

Date

Daytime Phone #

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 040 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)