

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 003 *****55.00

DOCUMENT # L02000003761

1. Entity Name

G & T LAND DEVELOPMENT, LLC



Principal Place of Business

**609 TAMiami TRAIL SOUTH
VENICE FL 34275**

Mailing Address

**609 TAMiami TRAIL SOUTH
VENICE FL 34275**

2. Principal Place of Business

26418 80th DR E

3. Mailing Address

P.O. Box 20964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Myakka City, FL

City & State

Bradenton, FL

4. FEI Number

33-0994928

Applied For

Not Applicable

Zip

34251

Country

USA

Zip

34204

Country

USA

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN WINKLE, MARY E
2815 PROCTOR ROAD
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Michael TRingali

Street Address (P.O. Box Number is Not Acceptable)

9406 HAWKSMOOR LN.

City

SARASOTA

FL

Zip Code

34238

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]
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

Michael TRingali

5/1/03
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGR
TRINGALI, MICHAEL
9406 HAWKSMOOR LANE
SARASOTA FL 34238**

TITLE ☐ Delete

**Secretary
Rick TRingali
9406 HAWKSMOOR LN.
SARASOTA, FL. 34238**

TITLE ☐ Delete

**TREASURER
MARIA P. TRingali
9406 HAWKSMOOR LN.
SARASOTA, FL. 34238**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Michael TRingali **5/1/03**

Date

Daytime Phone #

941-780-0637

0063774

CR2E083 (10/02)