

DOCUMENT # L02000007571
1. Entity Name
CHANNELSIDE DEVELOPERS, LLC

Principal Place of Business
5101 W. NEPTUNE WAY
TAMPA FL 33609
US

Mailing Address
5101 W. NEPTUNE WAY
TAMPA FL 33609
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 3913
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33601

Country
USA

4. FEI Number
11-3657938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NEWKIRK, THOMAS R
100 S. ASHLEY DR.
SUITE 1650
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name J. Stephen Gardner
Street Address (P.O. Box Number is Not Acceptable)
220 S. Franklin St
City Tampa FL Zip Code 33602

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 *J. Stephen Gardner* DATE 11/7/03

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWKIRK, MARK E 5101 W. NEPTUNE WAY TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Newkirk, Thomas R. 4943 W. Bay Way Drive Tampa, FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gardner, J. Stephen 220 S. Franklin St Tampa, FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bardner, J. Truett 5407 S. Russell St. Tampa, FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gardner, P. J. 506-I 5. Oregon Ave. Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 606, Florida Statutes.

SIGNATURE: *J. Stephen Gardner* DATE 11/7/03 DAYTIME PHONE # 813.224.925

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BUSH ROSS GARDNER WARREN & RUDY, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

LIMITED LIABILITY REINSTATEMENT

CHANNELSIDE DEVELOPERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$155.00

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