

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90250 024 *****50.00

DOCUMENT # L02000013410

1. Entity Name

PREMIER PROPERTIES OF WEST FLORIDA, LLC



Principal Place of Business

**4823 HOLIDAY DRIVE
TAMPA FL 33615**

Mailing Address

**4823 HOLIDAY DRIVE
TAMPA FL 33615**

2. Principal Place of Business

P.O. Box 549

3. Mailing Address

P.O. Box 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

4. FEI Number

02-0612862

Applied For

Not Applicable

Zip

Country

33556 Hillsborough

Zip

Country

33556 Hillsborough

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIETRICH, D. PAUL II
37 NORTH ORANGE AVE., SUITE 200
ORLANDO FL 32801**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CHASE, CHARLES J**
STREET ADDRESS **5337 CYPRESS RESERVE PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **MGRM** ☐ Delete
NAME **ESPOSITO, ED**
STREET ADDRESS **4823 HOLIDAY DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

1/17/03

727-420-7489

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

Date

Daytime Phone #

CR2E083 (10/02)