

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90022 020 ****55.00

DOCUMENT # L02000023520

1. Entity Name

NORTH POINT PROPERTY GROUP, LLC



Principal Place of Business

**5010 N. COOLIDGE AVENUE
TAMPA FL 33614**

Mailing Address

**5010 N. COOLIDGE AVENUE
TAMPA FL 33614**

2. Principal Place of Business

5010 N. COOLIDGE AVENUE

3. Mailing Address

5010 N. COOLIDGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33614-6422

Country

U.S.A.

Zip

33614-6422

Country

U.S.A.

4. FEI Number

01-0680665

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ XXX

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA FL 33606**

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 NAME	MGR EMERSON, JOHN J	<input type="checkbox"/> Delete
STREET ADDRESS	3837 NORTHDAL E BOULEVARD, PMB 234	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	MGR EMERSON, GLENN F	<input type="checkbox"/> Delete
STREET ADDRESS	13507 WESTSHIRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33618-2500	
TITLE NAME	MGR PRATT, ERIC S	<input type="checkbox"/> Delete
STREET ADDRESS	5521 VAN DYKE ROAD	
CITY-ST-ZIP	LUTZ FL 33549-4883	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13529 WESTSHIRE DRIVE	
CITY-ST-ZIP	TAMPA, FLORIDA 33618	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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]

02/03/03 (813) 877-7591

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

Date

Daytime Phone #