

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90045 032 \*\*\*\*50.00

**DOCUMENT # L02000026910**



1. Entity Name

**RENAISSANCE HOMES, LLC**

Principal Place of Business

201 N. FRANKLIN STREET, STE. 2100  
TAMPA FL 33602

Mailing Address

201 N. FRANKLIN STREET, STE. 2100  
TAMPA FL 33602

**44003443**

2. Principal Place of Business

**2111 N ALBANY**

Suite, Apt. #, etc.

3. Mailing Address

**2111 N ALBANY**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**55-0806591**

Applied For

☐ Not Applicable

Zip

**33607**

Country

**USA**

Zip

**33607**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA, INC**  
**201 N. FRANKLIN STREET, STE. 2100**  
**TAMPA FL 33602**

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 **PRINCIPAL** ☐ Delete  
NAME **ED TURANCHIK**  
STREET ADDRESS **2111 N ALBANY**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **PRINCIPAL** ☐ Delete  
NAME **ED TURANCHIK BILL BISHOP**  
STREET ADDRESS **2111 N ALBANY**  
CITY-ST-ZIP **TAMPA, FL 33607**

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE REQUIRED TURANCHIK**

**4/29/03**

**815-253-0050**

Date

Daytime Phone #

CR2E083 (10/02)