

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90001 047 \*\*\*\*\*50.00

**DOCUMENT # L02000032285**

1. Entity Name

**MAINSAIL HOUSING OF GREENVILLE, LLC**



Principal Place of Business

**5108 EISENHOWER BOULEVARD  
TAMPA FL 33634**

Mailing Address

**5108 EISENHOWER BOULEVARD  
TAMPA FL 33634**

2. Principal Place of Business

**4010 WOODLAND CTR BLDG**

3. Mailing Address

**4010 WOODLAND CTR BLDG**

Suite, Apt. #, etc.

**900**

Suite, Apt. #, etc.

**900**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33614**

Country

**HILLSB.**

Zip

**33614**

Country

**HILLSB.**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3216763**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P ESQ.  
ICARD, MERRILL, CULLIS, TIMM ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **JULIANNE VASSALLO**

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

**15814 GLEN ARN DR.**

City

**TAMPA**

FL

Zip Code

**33618**

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

*John Vanell*

*Julianne Vassallo 9/23/03*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

*John Vanell* *Julianne Vassallo 9/23/03 813 890 7225*

CR2E083 (4/03)