

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L930000000036

1. Entity Name
COMMONS SARASOTA I, L.C.

Principal Place of Business

1325 W COLONIAL
STE 200
ORLANDO FL 32804

Mailing Address

1325 W COLONIAL
STE 200
ORLANDO FL 32804-7133

2. Principal Place of Business

2600 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32804

Country

3. Mailing Address

2600 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32804

Country

4. FEI Number

59-3162091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KANAN, BRADFORD S
1325 W COLONIAL
STE 200
ORLANDO FL 32804

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM ☐ Delete
KANAN, BRADFORD S.
STREET ADDRESS 1325 W COLONIAL
CITY- ST- ZIP ORLANDO FL 32804

TITLE NAME MEM ☐ Delete
KANAN, RHONDA J.
STREET ADDRESS 1325 W COLONIAL
CITY- ST- ZIP ORLANDO FL 32804

TITLE NAME MGRM ☐ Delete
COMMONS MEDICAL DEVELOPMENT, INC.
STREET ADDRESS 1325 W COLONIAL
CITY- ST- ZIP ORLANDO FL 32804

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)