

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L930000000038

1. Entity Name

TENTH STREET HOLDING, L.C.

Principal Place of Business

1314 10TH ST.  
SARASOTA FL 34236

Mailing Address

1314 10TH ST.  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0408981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIANSON, JUDITH M  
1314 10TH STREET  
SARASOTA FL 34236

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
M CHRISTIANSON, JUDITH M  
1314 10TH STREET  
SARASOTA FL 34236 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
M GRIFFIN, PATRICIA A  
15855 WATERLINE RD  
BRADENTON FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☒ Addition  
34202

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
800003909556-07  
-03/26/01-01103-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

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

3/13/07 941-366-9464

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE