

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L93000000052**

1. Entity Name  
2000 N. WASHINGTON COMPLEX, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:12

Principal Place of Business  
3815 N OSPREY AVENUE  
SARASOTA FL 34234

Mailing Address  
P.O. BOX 698  
SARASOTA FL 34230-0698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0386642		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ELWELL, ALAN 3815 N. OSPREY AVENUE SARASOTA FL 34234				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 \_\_\_\_\_ (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	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELWELL, ALAN			NAME	5000031215--7		
STREET ADDRESS	3311 WEBBER WOODS DR			STREET ADDRESS	-02/02/00--01088--011		
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP	*****50.00 *****50.00		
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POTENTIAL PETROLEUM PROVIDERS PARTNERSHIP			NAME			
STREET ADDRESS	825 OAK POND DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OSPREY FL 34275			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, BURT K			NAME			
STREET ADDRESS	1255 GULFSTREAM APT. 10			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILHOLLAND, JACK JR			NAME			
STREET ADDRESS	6885 CORAL CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATCO, INC.			NAME			
STREET ADDRESS	3815 N. OSPREY AVE.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

14. 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: *Alan Elwell* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Alan Elwell** DATE: 1-25-00 DAYTIME PHONE #: (941) 355-7111