

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000214

1. Entity Name
TAMIAMI MANAGEMENT, L.C.

Principal Place of Business
3233 N. SECLUSION DR
SARASOTA FL 34239

Mailing Address
P.O. BOX 35246
SARASOTA FL 34242

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0423080

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HESTER, GORDON
~~3233 N. SECLUSION DR~~
SARASOTA FL 34239

Name

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

5379 OCEAN BLVD

City

FL

Zip Code

34242

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

200004009152--0
-04/16/01--01005--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGR ROBERTI, JEFFREY ☐ Delete
STREET ADDRESS ~~3233 N. SECLUSION DR~~
CITY-ST-ZIP SARASOTA FL 34239

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5379 OCEAN BLVD
CITY-ST-ZIP SARASOTA FL 34242

TITLE NAME MGR HESTER, GORDON ☐ Delete
STREET ADDRESS 3233 N. SECLUSION DR
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Delete
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: X

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

Date

Daytime Phone #

CR2E083 (11/00)