

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000240

1. Entity Name

WEBBER ENTERPRISES OF SARASOTA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business

3660 BEE RIDGE RD.
SARASOTA FL 34233

Mailing Address

3660 BEE RIDGE RD.
SARASOTA FL 34233-1001

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

65-0428219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S
% ABEL BAND RUSSELL COLLIER PITCHFORD
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34230

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 MGRM ☐ Delete
NAME WEBBER, THOMAS A
STREET ADDRESS 4933 RUTLAND GATE
CITY- ST- ZIP SARASOTA FL 34235

TITLE MEM ☐ Delete
NAME WEBBER, DEBORAH E
STREET ADDRESS 4933 RUTLAND GATE
CITY- ST- ZIP SARASOTA FL 34235

TITLE MEM ☐ Delete
NAME WEBBER, REID W
STREET ADDRESS 355 BEARDED OAKS
CITY- ST- ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
4000003104124-6
-01/20/00--01035-023
*****50.00 *****50.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Reid W. Webber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6 Jan 00

Date

941-921-5131

Daytime Phone #

CR2E083 (9/99)