

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 22 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*MUM*

DOCUMENT # L93000000259

1. Entity Name

86TH AND 4TH, L.C.

Principal Place of Business

5514 PARK BLVD.  
PINELLAS PARK FL 34665

Mailing Address

5514 PARK BLVD.  
PINELLAS PARK FL 33781-3326

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

59-3197079

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

ENGLANDER, LEONARD S  
5959 CENTRAL AVE.  
SUITE 201  
ST. PETERSBURG FL

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 MGR  
STREET ADDRESS BRODERICK, SEAN MICHAEL  
CITY- ST- ZIP 6635 SYLVAN ROAD #214  
CITRUS HEIGHTS CA 95610

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
700003241327--3  
-05/05/00--01089--005  
\*\*\*\*\*50.00

TITLE NAME MGR  
STREET ADDRESS BRODERICK, ROGER B  
CITY- ST- ZIP 5514 PARK BLVD.  
PINELLAS PARK FL-33781

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/5/2000

CR2E 003 (9/93)