

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 FEB -4 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94000000104**

1. Entity Name
THE FDT LIMITED COMPANY

Principal Place of Business
**3160 SOUTH GATE CIRCLE
SARASOTA FL 34239**

Mailing Address
**3160 SOUTH GATE CIRCLE
SARASOTA FL 34239-5515**



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
65-0480973

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

**CREIGHTON, TIMOTHY R
3160 SOUTH GATE CIRCLE
SARASOTA FL 34239**

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 Delete
**MGRM
CREIGHTON, A F JR
710 FOX CLIFF CT
SMYRNA GA 30082**

TITLE NAME Change Addition
**000003128420--1
-02/09/00--01001--010
*****50.00 *****50.00**

TITLE NAME Delete
**MGRM
WOODRUFF, DIAN C
4710 ACORN CIRCLE
SARASOTA FL 33583**

TITLE NAME Change Addition

TITLE NAME Delete
**MGRM
CREIGHTON, TIMOTHY R
3160 SOUTH GATE CIRCLE
SARASOTA FL 34239**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: **Dian C. Woodruff**
SIGNATURE REQUIRED

2/1/00

941-922-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #