2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000118						FILED				
1. Entity Name THE SNELL ARCADE, L.C.						00 JAN 14 PH 4: 01				
· .										
District Plans of Districts					-	SECRETARY O TALLAHASSEE,	FLORID	ÍΔ	•	
Principal Place of Business Mailing Address 405 CENTRAL AVE. 405 CENTRAL AVE.						,	` `			
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-3843										
41, 10E		·								
2. Principal P	Place of Business	3. Mailing Address				((nation) dia laist albit abiti ab	** ***** ***** **	;)()	11881 1811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI N	^{Number} 59-3230682			plied For	
Zip	Country	Zip Co				5.00 Add				
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Nam	e and Address of New R			•	
=1001104	OLL DETERMINE		٠	Name		- 75		-		
FISCHBACH, PETER C 405 CENTRAL AVE.				Street Address	(P.O. Box N	lumber is Not Acceptable)			
	RSBURG FL 33701				_					
J				City			FL	Zip Code	e	
8. The above	named entity submits this statement fo	or the purpose of changing its	s registere	ed office or regist	ered agent,	or both, in the State of Flo.	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	d Agent signature requir	red when reinstat	ing)	DATE			
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		Make Check Pa								
	<u> </u>								<u></u>	
9. TITLE	MANAGING MEMBI	ERS/MEMBERS	10. TITLI	<u> </u>		ADDITIONS/		Change		
HAME	FISCHBACH, PETER C		HAM						_	
STREET ADDRESS CITY-ST-ZIP	405 CENTRAL AVE. ST. PETERSBURG FL 33701			ET ADDRESS - ST-ZIP		000003	1,05,9	540-	1	
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STREET ADDRESS City-St-Zip	,			ET AODRESS - ST- ZIP						
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP		XY				
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		(1)	• `	Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		47				
CITY-8)-ZIP			CITY	- ST- ZIP			_			
TITLE of a		☐ Delete	TITLE NAM	1				Change	Addition	
NAME ADDRESS	, ,		1	ET ADDRESS						
CITY- ST- ZIP		·	C1TY-	· 8T · ZiP	<u>.</u>	<u> </u>				
NAME '		☐ Delete	TITLE	1	,			Change	Addition .	
STREET ADDRESS		•		ET ADDRESS						
CITY-8T-ZIP	<u> </u>			- 8T- ZIP			_			
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	e legal effect as if	made unde	r oath: that I am a manag	further certi ing member	fy that the in or manage	nformation r of the	
limited lia		empowered to execute this			pter 608, Flo	orida Statutes.			•	
SIGNAT		JIDE DEOU	ikei	5		1/11/00	727	432.	9669	

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