

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000972**

1. Entity Name  
**THE SHOT LOT, L.C.**

FILED

01 APR -3 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**THE GRILL AT FEATHER SOUND  
2325 ULMERTON RD  
CLEARWATER FL 33762**

Mailing Address  
**1901 ULMERTON RD.  
STE. #700  
CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1901 Ulmerton Rd.**

Suite, Apt. #, etc.  
**Ste. 700**

City & State  
**Clearwater, FL**

Zip  
**33762**

Country  
**USA**

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
  
Country

4. FEI Number  
**59-8358399**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ROWE, JAMES C ESQ.  
RIDEN, EARLE & KIEFNER, P.A.  
100 2ND AVENUE S., SUITE 400N  
ST. PETERSBURG FL 33701**

## 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**

**100003985621--5  
-04/11/01--01005--023  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARKEL, GARY 1901 ULMERTON RD., STE. 700 CLEARWATER FL 33762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**2/26/01**

0018835 AF

CR2E083 (11/00)