

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000947**

1. Entity Name

ADIRONDACK HOLDING CO. L.C.

FILED
01 JAN 16 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9901 ALAMBRA AVENUE
TAMPA FL 33619**

Mailing Address

**9901 ALAMBRA AVENUE
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3385876

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

**WARD, KENT
9901 ALAMBRA AVENUE
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

DENNIS HORNER

Street Address (P.O. Box Number is Not Acceptable)

9901 ALAMBRA AVENUE

City

TAMPA

FL

Zip Code

33619

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TAUBE, FRED
9901 ALAMBRA AVENUE
TAMPA FL 33619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300003554503--4
-01/18/01--01093--030
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HORNER, DENNIS
9901 ALAMBRA AVENUE
TAMPA FL 33619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*******50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WARD, KENT
9901 ALAMBRA AVENUE
TAMPA FL 33619** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*******50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*******50.00 *****50.00** ☐ Delete

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*******50.00 *****50.00** ☐ 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: **SIGNATURE REQUIRED**

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

1/9/00 (813) 628-8920

Date

Daytime Phone #

CR2E083 (11/00)