

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000972**

1. Entity Name

WINDEMERE WEST, L.C.

Principal Place of Business

**J. RYAN'S ON THE GRILL
8389 S. TAMiami TRAIL
SARASOTA FL 34238**

Mailing Address

**108 SUNRISE DR.
NOKOMIS FL 34275-3135**

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

65-0697264

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

**CHANDLER, JAMES R III
1819 MAIN STREET
SUITE 302
SARASOTA FL 34236**

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **FORLENZA, MARC**
CITY-ST-ZIP **108 SUNRISE DR.
NOKOMIS FL 34275**

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **FORLENZA, MARC**
CITY-ST-ZIP **128 MAIN ST
OSPREY FL 34229**

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **FORLENZA, YASMIN**
CITY-ST-ZIP **108 SUNRISE DR.
NOKOMIS FL 34275**

TITLE ☒ Change ☐ Addition
NAME **MEM**
STREET ADDRESS **FORLENZA, YASMIN**
CITY-ST-ZIP **3403 SAN JUAN ST
TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**500003256215--4
-05/17/00--01083--024
*****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

APPROVED
AND
FILED

00 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)