

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 039 ****50.00

0072077

DOCUMENT # L96000001164

1. Entity Name

SARASOTA STORGARD II, L.C.



Principal Place of Business

**2033 MAIN STREET
SUITE 101
SARASOTA FL 34237**

Mailing Address

**PO BOX 1753
LAWRENCE KS 66044**

2. Principal Place of Business

619 Cattlemen Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1753

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

City & State

Lawrence, KS

Zip

66044

Country

USA

4. FEI Number

65-0710606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PFLUGNER, J. GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

J. E. Santaularia

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

1700 BEN FRANKLIN 12D

City

Sarasota

FL

Zip Code

34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

J. E. SANTAULARIA, MANAGING MEMBER

DATE

4-28-03

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SANTAULARIA, J.E.**
STREET ADDRESS **1628 PRESTWICK DRIVE**
CITY-ST-ZIP **LAWRENCE KS 66047**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)