

2000 UNIFORM BUSINESS REPORT (UBR)

DOCK 150

DOCUMENT # L97000000093

1. Entity Name
SMARTGATE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

3/22/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4400 INDEPENDENCE COURT
SARASOTA FL 34234

Mailing Address
4400 INDEPENDENCE COURT
SARASOTA FL 34234-4727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0730078

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

7. Name and Address of New Registered Agent

DUFFEY, SAMUEL S
4400 INDEPENDENCE COURT
SARASOTA FL 34234

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 _____ (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 NAME MGR
STREET ADDRESS MICHAEL, STEPHEN A
CITY - ST - ZIP 4400 INDEPENDENCE COURT
SARASOTA FL 34234 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003189053--3
CITY - ST - ZIP -03/30/00--01003--010
*****59.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS DUFFEY, SAMUEL S
CITY - ST - ZIP 4400 INDEPENDENCE COURT
SARASOTA FL 34234 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS ROTH, ROBERT T
CITY - ST - ZIP 1621 N. MILLS AVENUE--
ORLANDO FL ☐ Delete

TITLE NAME Mgr.
STREET ADDRESS Roth, Robert T.
CITY - ST - ZIP 8006 Bay Valley Court
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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 PRESENT 3-15-00 841-355-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #