

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90965 020 ****50.00

DOCUMENT # L97000000452

1. Entity Name

**ALTERNATIVE HOMEMAKING WITH A HEART OF TAMPA BAY
 , L.C.**

Principal Place of Business

**8910 N. DALE MABRY, SUITE 15
 TAMPA FL 33614**

Mailing Address

**P.O. BOX 271664
 TAMPA FL 33688-1664**

8910 N. Dale Mabry

2. Principal Place of Business

Suite, Apt. #, etc.

TAMPA

City & State

FL

Zip

33614

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DRUMMOND, TEMPLE H ESQ.
 1505 N. FLORIDA AVENUE
 C/O KASS SHULER SDEMEN SPECTOR
 TAMPA FL 33602**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 KLINGMAN, PETER D
 4604 OLD SAYBROOK DR.
 TAMPA FL 33609**

☐ Delete

10. ADDITIONS/CHANGES

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

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 CITY-ST-ZIP
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/25/02

Date

Daytime Phone #

813 636-8400

CR2E083 (9/01)

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