

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000542

1. Entity Name
S.A.T. DEVELOPERS, L.C.

Principal Place of Business
1704 W. KENNEDY BLVD.
TAMPA FL 33606

Mailing Address
1704 W. KENNEDY BLVD.
TAMPA FL 33606-1649

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 59-3445673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ITALIANO, ANTHONY S SR.
1704 W. KENNEDY BLVD.
TAMPA FL 33606

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 registering)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM SCAGLIONE, TOM PA
STREET ADDRESS 13014 DALE MABRY HWY, #313
CITY-ST-ZIP TAMPA FL 33618-2808

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEM BLIVEN, S. R
STREET ADDRESS 4513 SO. TRASK ST.
CITY-ST-ZIP TAMPA FL 33611

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEM ITALIANO, ANTHONY S SR.
STREET ADDRESS 1704 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33606-1649

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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 #

3/31/00

(813) 254-3883

ANTHONY S. ITALIANO SR.

CR2E083 (9/99)