

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021651 AF

DOCUMENT # L97000000610

1. Entity Name

LIFEBREATH, GULF COAST, L.C.

FILED

01 APR -2 PM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1137 EDGEWATER CIRCLE  
BRADENTON FL 34209

Mailing Address

1137 EDGEWATER CIRCLE  
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-075647-1

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

MCLARNEY, JANE  
1137 EDGEWATER CIRCLE  
BRADENTON FL 34209

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 MGRM  
NAME MCLARNEY, JANE  
STREET ADDRESS 1137 EDGEWATER CIRCLE  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

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

TITLE MGRM  
NAME WISMER, JAMES L  
STREET ADDRESS 1006 INGRAM CRESCENT, MIDLAND  
CITY-ST-ZIP ONTARIO, CANADA L4R 4E8 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 305 Cranston Cres. Midland Box 746  
CITY-ST-ZIP Ont. Canada L4R 4P4 ☒ Change ☐ Addition

TITLE MGRM  
NAME WISMER, YVONNE  
STREET ADDRESS 1006 INGRAM CRESCENT, MIDLAND  
CITY-ST-ZIP ONTARIO, CANADA L4R 4E8 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 305 Cranston Cres Midland Box 746  
CITY-ST-ZIP Ont. Canada L4R 4P4 ☒ 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:

*Jane M. Larney*  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/30/01 941 794 1976

CR2E083 (11/00)