

2000 UNIFORM BUSINESS REPORT (UBR)

0001273 AF

APPROVED
AND
FILED

00 MAY -5 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001106

1. Entity Name
CORAL COVE ANTIQUE GALLERY, L.C.

Principal Place of Business
7272 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
7272 SOUTH TAMiami TRAIL
SARASOTA FL 34231-5554

2. Principal Place of Business

3. Mailing Address

7272 So. Tamiami Tr.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA, FL.

AS

City & State

City & State

34231

above

Zip

Country

SARASOTA

Zip

Country

4. FEI Number

65-0796149

Applied For

Not Applicable

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

MILLIN, DONNA

1516 PELICAN COVE ROAD, GR 143
SARASOTA FL 34231

*Note
change of
Address

Name

Same

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

7350 S. Tamiami Tr. Box 291

SARASOTA

City

FL

Zip Code

34231

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 Donna Millin, Partner

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 NAME MBR
STREET ADDRESS MILLIN, DONNA
CITY-ST-ZIP 1516 PELICAN COVE ROAD, GR 143
SARASOTA FL 34231 ☐ Delete

TITLE NAME 7350 S. Tamiami Tr. ☒ Change ☐ Addition
STREET ADDRESS Box 291
CITY-ST-ZIP 34231

TITLE NAME MBR
STREET ADDRESS RADICK, GEORGIA
CITY-ST-ZIP 3871 KINGSTON ROAD
SARASOTA FL 34238 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-1-00

Date

941-927-2205

Daytime Phone #

CR2E083 (9/1)