

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90027 010 *****50.00

DOCUMENT # L97000001160

1. Entity Name
LAKE TARPON VILLAGE, L.C.

Principal Place of Business

**43 VILLAGE GREEN WAY
PALM HARBOR FL 34684**

Mailing Address

**43 VILLAGE GREEN WAY
PALM HARBOR FL 34684**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3476333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOOPS, MARK
C/O STERLING MANAGEMENT, INC.
2880 SCHERER DR., #840
ST PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name **RON COTTERELL**

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

1505 N. FLORIDA AVE

TAMPA FLA.

City

FL

Zip Code

33602

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 **MGR** ☐ Delete
NAME **DODRILL, ROGER**
STREET ADDRESS **48 PLYMOUTH CT.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **MGR** ☒ Delete
NAME **FINN, JOHN**
STREET ADDRESS **43 DELAWARE COURT**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **MGR** ☐ Delete
NAME **MORGAN, INA**
STREET ADDRESS **205 PHILADELPHIA BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **MGR** ☒ Delete
NAME **VOGEL, AUDREY R**
STREET ADDRESS **167 INDEPENDENCE AVENUE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **MGR** ☐ Delete
NAME **PRATHER, JAMES**
STREET ADDRESS **247 INDEPENDENCE AVENUE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **MGR** ☒ Delete
NAME **DUNN, KAY**
STREET ADDRESS **76 LIBERTY WAY**
CITY-ST-ZIP **PALM HARBOR FL 34684**

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☐ Change ☒ Addition
NAME **SHUTZMAN BILL**
STREET ADDRESS **41 CONCORD LANE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **MGR** ☐ Change ☒ Addition
NAME **WEAVER DICK**
STREET ADDRESS **177 REVERE COURT**
CITY-ST-ZIP **PALM HARBOR FL - 34684**

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

TITLE **MGR** ☐ Change ☒ Addition
NAME **CANNELLA CAROLINE**
STREET ADDRESS **112 PHILADELPHIA BLVD.**
CITY-ST-ZIP **PALM HARBOR FL - 34684**

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

4-9-2002

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

Date

Daytime Phone #

CR2E083 (9/01)