2000 UNIFORM BUSINESS REPORT (UBR)

L97000001294 DOCUMENT # 1. Entity Name 00 APR 21 AM 10: 48 PINE ESTATES, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1700 BEN FRANKLIN DRIVE #8D 10711 SUMMERLIN OR FT MYERS FL 33907 **SARASOTA FL 34236-2303** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. MMMApplied For City & State City & State Not Applicable 65-0925528 \$5.00 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTAULARIA, JES Street Address (P.O. Box Number is Not Acceptable) 1700 BEN FRANKLIN DRIVE, 8D SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change Addition TITLE ☐ Delete TITLE SANTAULARIA, J E MAME NAME 600003245646 STREET ADDRESS **619 CATTLEMAN ROAD** STREET ADDRESS -05/09/00--01125 -001 CITY- ST- ZIP SARASOTA FL 34232 CITY-ST-7IP ****^{50.00} ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE mie NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition □ Defete TITLE TITLE NAME BLMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 71P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY- ST- ZIP ploes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

indicated on this report is true and accurate and that my limited liability company or the receiver or trustee suppoy

APPROVED