

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001325

1. Entity Name

LTD ASSOCIATES, L.C.

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1417 SADLER ROAD, UNIT 264  
AMELIA ISLAND FL 32034-4466

Mailing Address

1417 SADLER ROAD, UNIT 264  
AMELIA ISLAND FL 32034-4466

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

59-3478491

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

MORRIS, CLYDE  
5389 FLORENCE POINT DRIVE  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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

TITLE MGR ☐ Delete  
NAME RICHARDS, PETER C  
STREET ADDRESS 1417 SADLER ROAD, UNIT 264  
CITY-ST-ZIP AMELIA ISLAND FL 32034-4466

TITLE MRG ☐ Delete  
NAME RICHARDS, JANE ADAMS  
STREET ADDRESS 1417 SADLER ROAD, UNIT 264  
CITY-ST-ZIP AMELIA ISLAND FL 32034-4466

TITLE MGR ☐ Delete  
NAME MORRIS, CLYDE  
STREET ADDRESS 5389 FLORENCE POINT DRIVE  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE MGRM ☐ Delete  
NAME WHITAKER, BRETT  
STREET ADDRESS 1698 BLUE HERON LANE  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE MGRM ☐ Delete  
NAME PITTMAN, GRACE  
STREET ADDRESS 2205 HADDINGTON ROAD  
CITY-ST-ZIP ROSEVILLE MN 55113

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME YOUNG, RICHARD H.  
STREET ADDRESS 1285 CANOPY DRIVE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME 400003118114--8  
STREET ADDRESS -02/01/00--01059--001  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

1/21/00

Date

(904) 261-0097

Daytime Phone #