

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001402

1. Entity Name
SCOOPS ON THE BEACH, L.C.

APPROVED
AND
FILED

00 APR 21 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6870 GULF BOULEVARD
ST. PETERSBURG BEACH FL 33706

Mailing Address
6870 GULF BOULEVARD
ST. PETERSBURG BEACH FL 33706-2028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

mmmm

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MILLICENT GOODMAN
Street Address 6870 GULF BLVD.
City ST. PETE BEACH FL Zip Code 33706

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 MILLICENT GOODMAN 4/14/00

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 MGRM
NAME GOODMAN, MILLICENT
STREET ADDRESS 6870 GULF BOULEVARD
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE MGRM
NAME GOODMAN, MARTIN
STREET ADDRESS 6870 GULF BOULEVARD
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

MARTIN GOODMAN 4/14/00 727-367-2933

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

Date

Daytime Phone #

0007929 AF

CR2E083 (9/99)