# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000209

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

4301 NORTH HABANA, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4301 NORTH HABANA AVENUE<br>TAMPA FL 33607 | 4301 NORTH HABANA AVENUE<br>TAMPA FL 33607-6315 |

DO NOT WRITE IN THIS SPACE

| 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 59-3499135 ☐ 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 |
|---|---|
| INGRAM, MICHAEL M<br>421 PALM AVENUE<br>BOCA GRANDE FL 33921 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BLANCO, RAFAEL W DR.<br>4301 NORTH HABANA AVENUE<br>TAMPA FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900003183519--3<br>-03/24/00--01091--005 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GEORGE, CHRISTOHER B DR.<br>4301 NORTH HABANA AVENUE<br>TAMPA FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | *****50.00 ☐ Change 50 ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LAUTERSZTAIN, JULIO DR.<br>4301 NORTH HABANA AVENUE<br>TAMPA FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/99)

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] 3/6/00 875-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #