

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017360 AF

DOCUMENT # L98000000209

1. Entity Name  
4301 NORTH HABANA, L.C.

FILED

01 FEB 22 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4301 NORTH HABANA AVENUE  
TAMPA FL 33607

Mailing Address

4301 NORTH HABANA AVENUE  
TAMPA FL 33607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

INGRAM, MICHAEL M  
421 PALM AVENUE  
BOCA GRANDE FL 33921

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 MGRM ☐ Delete  
NAME BLANCO, RAFAEL W DR.  
STREET ADDRESS 4301 NORTH HABANA AVENUE  
CITY-ST-ZIP TAMPA FL 33607

TITLE MGRM ☐ Delete  
NAME GEORGE, CHRISTOHER B DR.  
STREET ADDRESS 4301 NORTH HABANA AVENUE  
CITY-ST-ZIP TAMPA FL 33607

TITLE MGRM ☐ Delete  
NAME LAUTERSZTAIN, JULIO DR.  
STREET ADDRESS 4301 NORTH HABANA AVENUE  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700003782927--5  
CITY-ST-ZIP -02/27/01--01089--009  
\*\*\*\*\*58.00 \*\*\*\*\*58.00  
☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)