

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000216

1. Entity Name

LEGAL TAX NEWSLETTER, LC

Principal Place of Business

2189 CLEVELAND STREET, SUITE 210
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET, SUITE 210
CLEARWATER FL 33765-3213

2. Principal Place of Business

2189 CLEVELAND ST

3. Mailing Address

2189 CLEVELAND ST

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33765

Country

Zip

33765

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496801
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, GREG

2189 CLEVELAND STREET, SUITE 210
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

G. T. MAYER

Street Address (P.O. Box Number is Not Acceptable)

2189 CLEVELAND ST

SUITE 206

City

CLEARWATER

FL

Zip Code

33765

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

G. T. Mayer

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MGR
MAYER, GREG
STREET ADDRESS 2189 CLEVELAND STREET, SUITE 210
CITY- ST- ZIP CLEARWATER FL 33765

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2189 CLEVELAND ST. SUITE 206
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS - 900003256119--4
CITY- ST- ZIP - 05/17/00--01081--012
*****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

G. T. Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/27/2000

Daytime Phone #

CR2E083 (9/99)