

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017911 SP

DOCUMENT # L98000000623

1. Entity Name  
LAURA STREET TOWNHOMES L.C.

00 MAY -6 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
133 GARDEN AVENUE N.  
CLEARWATER FL 33756

Mailing Address  
133 GARDEN AVENUE N.  
CLEARWATER FL 33756



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0834847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CIANFRONE, JOSEPH R  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698

Name

William Lazaroni

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

133 Garden St N

City

Clearwater FL

FL

Zip Code

33755

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

*William E Lazaroni*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/4/00

DATE

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

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS COURNOYER, PIERRE  
CITY-ST-ZIP 1135 PIERCE STREET  
CLEARWATER FL 33756

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

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS LAZARONI, WILLIAM  
CITY-ST-ZIP 646 WOOD STREET  
DUNEDIN FL 34698

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

100003273631--5

-06/01/00--01059--022

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

*William E Lazaroni*

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

3/31/00

Date

Daytime Phone #

CR2E063 (9/99)