

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000740

1. Entity Name  
261 INVESTMENT, L.C.

FILED

01 APR -4 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
932 GOLFVIEW  
TAMPA FL 33629

Mailing Address  
C/O MICHAEL D. ANNIS  
ONE TAMPA CITY CENTER, SUITE 2100  
TAMPA FL 33602



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3567765

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANNIS, MICHAEL D  
~~ONE TAMPA CITY CENTER, SUITE 2100~~  
~~TAMPA FL 33602~~

Name

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

100 North Tampa Street, Suite 2700

City

Tampa

FL

Zip Code

33602

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

600003995326--4  
-04/12/01--01120--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
SULLIVAN, PATRICIA C  
932 GOLFVIEW  
TAMPA FL 33629

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Patricia C Sullivan*

March 31, 2001

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

Date

Daytime Phone #

CR2E083 (11/00)