

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000948

1. Entity Name

SMUGGLER'S LANDING, L.L.C.

Principal Place of Business

Mailing Address

C/O MILTON FOWLER
4244 MARINA COURT

2. Principal Place of Business

CORTEZ FL 34215

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITCHEY, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

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 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 WITH FEE IS \$300
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BLITMAN, HOWARD N
STREET ADDRESS 222 GRACE CHURCH STREET, #201
CITY - ST - ZIP PORT CHESTER, NY 10573

TITLE MGR ☐ Delete
NAME FOWLER, CLAY
STREET ADDRESS P.O. BOX 3287
CITY - ST - ZIP STAMFORD, CT 06905-0287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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 MGRP ☒ Change ☐ Addition
NAME BLITMAN, HOWARD N
STREET ADDRESS
CITY - ST - ZIP

TITLE MGREVP ☒ Change ☐ Addition
NAME FOWLER, CLAYTON H.
STREET ADDRESS
CITY - ST - ZIP

TITLE VPS MGR ☐ Change ☒ Addition
NAME FOWLER, MILTON
STREET ADDRESS 4244 MARINA COURT
CITY - ST - ZIP CORTEZ, FL 34215

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. 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:

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

Date

Mar. 29, 2000

941-788-7815
Daytime Phone #

CR2E083(1/99)

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