

2001 UNIFORM BUSINESS REPORT (UBR)

0028380 AF

DOCUMENT # **L98000000948**

1. Entity Name
SMUGGLER'S LANDING, L.L.C.

FILED

01 MAR 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O MILTON FOWLER
4244 MARINA COURT
CORTEZ FL 34215**

Mailing Address
**C/O MILTON FOWLER
4244 MARINA COURT
CORTEZ FL 34215**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0856534**

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

TITLE **MGR** ☐ Delete
NAME **FOWLER, MILTON**
STREET ADDRESS **4244 MARINA COURT**
CITY-ST-ZIP **CORTEZ FL 34215**

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

TITLE ☐ Delete
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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)

3/28/01 541-794-5341