

APPROVED  
AND  
FILED

00 MAY -9 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001300

1. Entity Name

LCK STABLES, L.C.

Principal Place of Business Mailing Address  
3251 BAYOU SOUND 3251 BAYOU SOUND  
LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228

2. Principal Place of Business  
SAME

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0867432

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

DARNELL, ROBERT W.  
2033 MAIN STREET, SUITE 400  
SARASOTA, FL 34237

### 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 or registered agent, or both, in the State of Florida.

SIGNATURE

ELBERT A. KAPLAN

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/MANAGERS

TITLE MGRM ☐ Delete  
NAME KAPLAN, ELBERT A.  
STREET ADDRESS 3251 BAYOU SOUND  
CITY - ST - ZIP LONGBOAT KEY, FL 34228

TITLE MGRM ☐ Delete  
NAME KAPLAN, LORRAINE C.  
STREET ADDRESS 3251 BAYOU SOUND  
CITY - ST - ZIP LONGBOAT KEY, FL 34228

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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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:

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

ELBERT A. KAPLAN

Date

7/30/00

Daytime Phone #

CR2E083 (11/99)