

2000 UNIFORM BUSINESS REPORT (UBR)

DO11084 AF

DOCUMENT # L98000001314

1. Entity Name
STILLWATER REALTY L.L.C.

APPROVED
AND
FILED

00 APR 18 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16310 AMBERLY DR. #205
TAMPA FL 33647

Mailing Address

16310 AMBERLY DR. #205
TAMPA FL 33647-2146

2. Principal Place of Business

7799 Still Lakes Drive
Suite, Apt. #, etc.

3. Mailing Address

7799 Still Lakes Dr.
Suite, Apt. #, etc.

City & State

Odessa, FL.

Zip

33556

Country

City & State

Odessa, FL.

Zip

33556

Country

MMNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, JOYCE C
802 BANNOCKBURN AVE.
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Joyce C. Schaffer

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

7799 Still Lakes Drive

City

Odessa

FL

Zip Code

33556

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

Joyce C. Schaffer

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

(NOTE: Registered Agent signature required when reinstating)

4.14.00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SCHAFER, JOYCE C	802 BANNOCKBURN AVENUE	TEMPLE TERRACE FL 33617	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10.

ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Joyce C. Schaffer

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

4.14.00 813.989-1882

Date

Daytime Phone #

CR2E083 (9/99)