

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001314

1. Entity Name

STILLWATER REALTY L.L.C.

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7799 STILL LAKES DRIVE
ODESSA FL 33556

Mailing Address

7799 STILL LAKES DRIVE
ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526844

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

SCHAFER, JOYCE C
7799 STILL LAKES DRIVE
ODESSA FL 33556

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

300004009053--9
--04/16/01--01002--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE MGR
NAME SCHAFER, JOYCE C
STREET ADDRESS 802 BANNOCKBURN AVENUE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER
NAME D. SCOTT LUTTRELL
STREET ADDRESS 15310 Amberly Dr #205
CITY-ST-ZIP Tampa FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. Jay Fechter
NAME 15917 Farringham Dr
STREET ADDRESS Tampa FL 33647
CITY-ST-ZIP

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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 #

4/4/01 (813) 926-8899

CR2E083 (11/00)