

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001354

1. Entity Name

AMBIANCE EUROSTYLE, L.C.

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

129 SOUTH KENTUCKY AVENUE, STE 802  
LAKELAND FL 33801-5073

Mailing Address

129 SOUTH KENTUCKY AVENUE, STE 802  
LAKELAND FL 33801-5073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 S FLORIDA AVE

3. Mailing Address

5150 S FLORIDA AVE

Suite, Apt. #, etc.

#305

Suite, Apt. #, etc.

#305

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33813-4924 USA

Zip

33813-4924 USA

4. FEI Number

59-3535406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN C

129 SOUTH KENTUCKY AVENUE, STE 802  
LAKELAND FL 33801-5073

7. Name and Address of New Registered Agent

Name

WHITE JOHN C

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

5150 S FLORIDA AVE

#305

City

LAKELAND

FL

Zip Code

33813-4924

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.

JOHN C WHITE, PRINCIPAL

(NOTE: Registered Agent signature required when reinstating)

4/5/00

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM BULLEN, NANCY  
STREET ADDRESS 6413 GULF OF MEXICO DRIVE  
CITY- ST- ZIP LONGBOAT KEY FL 34228

TITLE NAME ☐ Delete  
MGRM WHITE, JOHN C  
STREET ADDRESS 129 SOUTH KENTUCKY AVENUE, STE 802  
CITY- ST- ZIP LAKELAND FL 33801-5073

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003224212--3  
CITY- ST- ZIP -04/26/00--01013--012

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS WHITE, JOHN C  
CITY- ST- ZIP 5150 S FLORIDA AVE #305  
LAKELAND FL 33813-4924

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED

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

4/5/00

Date

Daytime Phone #

CR20003 10/00