2000 UNIFORM BUSINESS REPORT (UBR)

				/	_				
DOCUMENT # L9800001451 1. Entity Name MIDTOWN SUNDRIES - ST. PETERSBURG, L.L.C.						FILED			
					1	00 JAN 21	+ PM 3:4	6	
Principal Place of Business Mailing Address 200 FIRST AVENUE SOUTH 200 FIRST AVENUE SOUTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4306					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address					-		UU EUU UUU UUU		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN TH	IIS SPACE		
City & State City & State						4. FEI Number FO OFO7404 Applied For			
Zip Country		Zip Country			59-3537484	\$5.00 Add	t Applicate		
	Country		====	., <u></u>		ficate of Status Desired	== Fee Required		
6. Name and Address of Current Registered Agent 7 Name						e and Address of New Register	ed Agent		
KOTT CHARLES I					(PO Boy N	lumber is Not Acceptable)			
200 FIRST AVENUE SOUTH						Total Accoptability			
ST. PETERSBURG FL 33701					_		- Zin Cod	_	
8. The above named entity submits this statement for the purpose of changing its registered office or register							Zip Code	2	
8. The above	named entity submits this statement fo	r the purpose of changing its	s registere	ed office or registi	ered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	FE: Registered	d Agent signature requir	ed when reinstat	ing) DAT			
			MHIIIE	EE IS \$50.00	····				
		Make Check Pa						- 11 	
	MANAGING MEMB	EDS /MEMBERS	10.			ADDITIONS/CHANG	3FS		
9. TITLE	MGR .	Deleta	TITLE	· -	 	ADDITIONS/OFFARE	☐ Change	Addition	
NAME	KOTT, CHARLES L		NAM	- I		80000311			
STREET ADDRESS City-St-Zip	200 FIRST AVENUE SOUTH ST. PETERSBURG FL 33701			ET ADDRESS - 81- Zip		-02/01/00 *****50.00	-011220 *****	17 0 00	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Beleta	TITLE	l l			Change	Addition	
NAME STREET ADDRESS			NAM: STRE	E Et address					
CITY- 87-ZIP	<u>, </u>		CITY	- \$T - ZIP	_			-	
TITLE		☐ Deteto	TITLE	l l			Change	Addition Addition	
NAME STREET ADDRESS			" - NAMI Stre	ET ADDRESS			•	•	
CITY- 8T- ZIP			CITY	-\$T-ZIP					
ettle Name	,	Delete	TITLE	l l		\wedge	Change	Addition	
STREET ADDRESS		-		ET ADDRESS					
CITY-87-ZIP			TITLE	- 8T- ZEP		-	Change	Addition	
NAME	•		RAMI	E		O		_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - 8t- zip			•		
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS		* *	NAMI STRE	E Et address		, h			
CITY-ST-ZIP			CITY-	8T-ZIP		· · · · · · · · · · · · · · · · · · ·			
indicated	ertify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	legal effect as if	made unde	r oath; that I am a managing mer	certify that the ir mber or manage	nformation r of the	
limited lia	bility company or the receiver or truster	empowered to execute this	report as	required by Cha	piei 608, Fli	onua otatutes.	727		
SIGNAT	URE: Charles	RECL		3 L.	Korr	- Jan 21, 2000	502-2	<u> </u>	
J.W.17.1		NTED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER		Date	Daytime Phone #		