

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

MAY 17 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001636

1. Entity Name
MARK JAMES SEAFOOD, L.C.

Principal Place of Business

6606 S TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

6606 S TAMiami TRAIL
SARASOTA FL 34231-4832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0859051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CHANDLER, JAMES R III
3851 TANGIER TERRACE
SARASOTA FL 34239

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

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/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR CHANDLER, JAMES R III 3851 TANGIER TERRACE SARASOTA FL 34239 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR FORLENZA, MARC 108 SUNRISE DRIVE NOKOMIS FL 34275 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR BONFRERE, NICK 7535 CALLE FACIL SARASOTA FL 34238 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR GONZALEZ, RAFAEL A 3185 NOVUS COURT SARASOTA FL 34237 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR FORLENZA, MARC 128 MAID ST. OSPREY, FL 34229 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP
100003287561--8
-06/13/00--01079--013
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

MARC FORLENZA

Date

5/10/00

Daytime Phone #

941-3501755

CR2E083 (9/99)