

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001680

1. Entity Name

SARDONYX III, L.C.

Principal Place of Business

1520-360 ROYAL PALM SQUARE BOULEVARD
FORT MYERS FL 33919

Mailing Address

PO BOX 10805
PITTSBURGH PA 15236-0805

2. Principal Place of Business

311 Castle Shannon Blvd

3. Mailing Address

311 Castle Shannon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pittsburgh, PA

City & State
Pittsburgh, PA

Zip
15234

Country
USA

Zip
15234

Country
USA

4. FEI Number

65-0862530

Applied For

Not Applicable

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

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

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

200003258292--4
-05/18/00--01131--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PERIDOT ENTERPRISES, INC.
448 OLD CLAIRTON RD
PITTSBURGH PA 15215 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
311 Castle Shannon Blvd
Pittsburgh, PA 15234 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Delete

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:

Robert C. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

412-341-4500

Date

Daytime Phone #

CR2E083 (9/99)