

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001747

1. Entity Name  
BLUEDOG REALTY, L.C.

Principal Place of Business  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

Mailing Address  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602-4708

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

59-3533204

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

GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
O'TOOLE, TIMOTHY  
STREET ADDRESS 18 LINDEN HILL DRIVE  
CITY- ST- ZIP CRESCENT SPRINGS KY 41017

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME MGRM  
MARTIN, MICHAEL A  
STREET ADDRESS 3202 CHAPIN AVENUE  
CITY- ST- ZIP TAMPA FL 33611

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME  
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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:

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

Date

Daytime Phone #

813-273-4337

APPROVED  
AND  
FILED

00 APR 22 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

CR2E083 (9/99)