

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000001761

1. Entity Name
A.S.A. TWO, L.C.

00 APR 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1408 NORTH WESTSHORE BLVD., SUITE 1002
TAMPA FL 33607

Mailing Address
1408 NORTH WESTSHORE BLVD., SUITE 1002
TAMPA FL 33607-4512



2. Principal Place of Business
1211 N. Westshore Blvd.

3. Mailing Address
1211 N. Westshore Blvd.

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country

Zip
33607

Country

MPM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3532582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
13577 FEATHER SOUND DRIVE, SUITE 300
CLEAWATER FL 33762

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 MGR
NAME AUSTIN, ALFRED S
STREET ADDRESS 1408 NORTH WESTSHORE BLVD., SUITE 1002
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME Austin, Alfred S.
STREET ADDRESS 1211 N. Westshore Blvd. Suite # 700
CITY-ST-ZIP Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-19-00

Date

813-289-3886

Daytime Phone #

CR2EN83 (9/99)