

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001956**

1. Entity Name
BOOK TRADERS, LLC

FILED
00 JUL 25 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

700 SARASOTA QUAY
SARASOTA FL 34241

Mailing Address

700 SARASOTA QUAY
SARASOTA FL 34241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2053 Harbour Links Dr

Suite, Apt. #, etc.

3. Mailing Address

2053 Harbour Links Dr

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Longboat Key, FL

Zip

34228

Country

USA

Zip

34228

Country

USA

4. FEI Number

65-0866679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PFLUNGER, J. GEOFFREY
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

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/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ZIVITZ, ROBERT**
CITY-ST-ZIP **7734 SILVER BELL DRIVE, SUITE 101
SARASOTA FL 34241**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ZIVITZ, NANCY S**
CITY-ST-ZIP **7734 SILVER BELL DRIVE, SUITE 101
SARASOTA FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2053 Harbour Links Dr**
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2053 Harbour Links Dr**
CITY-ST-ZIP **Longboat Key, FL 34228**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003343153--4**
CITY-ST-ZIP **-08/02/00--01009--018**
*******50.00 *****50.00**

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/11/00 941-3877547

CR2E083 (5/00)