

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002100

1. Entity Name

1410 21ST STREET, LC

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

203 N. MARION STREET
TAMPA FL 33602

Mailing Address

203 N. MARION STREET
TAMPA FL 33602-4914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3539658

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, RUSSELL S
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602

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

Michael B. Giordano, Managing Member

(NOTE: Registered Agent signature required when reinstating)

1-6-2000

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HENDRY, HAYNES T
STREET ADDRESS 203 N. MARION STREET
CITY- ST- ZIP TAMPA FL 33602 ☐ Delete

TITLE MGR
NAME GIORDANO, MICHAEL
STREET ADDRESS 777 SOUTH HARBOUR ISLAND BLVD., SUITE 140
CITY- ST- ZIP TAMPA FL 33602 ☐ Delete

TITLE MGR
NAME GILLIS, RODERICK J
STREET ADDRESS 203 N. MARION STREET
CITY- ST- ZIP TAMPA FL 33602 ☐ Delete

TITLE MGR
NAME OXTAL, RONALD A
STREET ADDRESS 203 N. MARION STREET
CITY- ST- ZIP TAMPA FL 33602 ☐ 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 ☐ Change ☐ Addition
200003114032-05
-01/28/00--01023--005
*****50.00 *****50.00

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

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:

Michael B. Giordano, Managing Member

Date

Daytime Phone #

813-229-5355

1-6-2000