

2001 UNIFORM BUSINESS REPORT (UBR)

0018073 AF

DOCUMENT # L98000002403

1. Entity Name
GRANTHAM FAMILY FLORIDA, L.L.C.

FILED

01 JAN 12 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6902 W. HILLSBOROUGH AVE.
TAMPA FL 33634

Mailing Address
6902 W. HILLSBOROUGH AVE.
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2423392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAX CO.
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE FL 32202

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 MGR
STREET ADDRESS GRANTHAM, A.V.
CITY-ST-ZIP 740 STANCRRAFT WAY 6902 W. Hillsborough
RICHMOND VA 23231 TPA, FL. 33634 ☐ Delete

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS Grantham, A.V.
CITY-ST-ZIP 6902 W. Hillsborough Ave
TPA, FL. 33634

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003568339--1
CITY-ST-ZIP -01/23/01--01093--027

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-01 813-886-7799

CR2E083 (11/00)