

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002794

1. Entity Name  
ROBERTS POINT DEVELOPMENT, L.L.C.

APPROVED  
AND  
FILED

00 MAY -5 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1718 MAIN STREET, SUITE 200-A  
SARASOTA FL 34236

Mailing Address  
1718 MAIN STREET, SUITE 200-A  
SARASOTA FL 34236-5826



DO NOT WRITE IN THIS SPACE

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

65-0883207  
-APPLIED FOR-

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

SABA, RICHARD D ESQ.  
2033 MAIN STREET, SUITE 303  
SARASOTA FL 34237

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 STRONG, RICHARD  
STREET ADDRESS 1718 MAIN STREET, SUITE 200-A  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003274645--0  
-06/02/00--01043--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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 #

S. STEPHAN  
SARASOTA  
30 May 00 (941) 954-7731

CR2E083 (9/99)