2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002944 1. Entity Name SARASOTA HASKELL, LLC								SI	FAL ICRETAR	LED Y OF STATE ORPORATIO	•	
								DIVIS	NON OF C	ORPORATIO	วิทร	
Principal Place of Business ' Mailing Address							00 FEB 28 PH 1:01					
111 RIVERSIDE AVENUE 111 RIVERSIDE AVENUE								,	- D - C	111 1-0	ł	
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4921							((88))			n se né nějé jěti	0:5:: E)6: 195)	
Principal Place of Business Address Address										(* 66 1) 1660		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Numbe	59-3539 APPLIED	979 FOR		oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Cour		5. Certificate of Status		of Status Desire	d 🔀	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent						7. 1	Name and	Address of Ne	w Registere			
												
PARK, CHRISTOPHER					Street Address (P.O. Box Number is Not Acceptable)							
111 RIVERSIDE AVENUE JACKSONVILLE FL 32202												
ONONOOTTILLE I E OEEVE					City FL Zip Code							
8. The above named entity submits this statement for the purpose of changing its registere						<u> </u>						
8. The above	named entit	y submits this statement is	or the purpose of changing is	s registeri	ea onice or r	egistereo ag	ent, or bot	n, in the State o	Florida			
SIGNATURE .	Constire treed	or printed name of registered agent	and title if applicable (NO	TE: Genistere	d Agent signatur	e required when re	einstation)		DATE	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed	or printed harrie or registered again				<u> </u>	J., S. G. L., S. J.				· · · · · · · · · · · · · · · · · · ·	
			FILE N Make Check Pr		FEE IS \$5 o Departm		ie ei					
			Make Officer Fi	ayable t	o bepartin	icili or ota		_				
9. MANAGING MEMBERS/MEMBERS 10.								ADDITIO	NS/CHANG	ES Thange	Addition	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	MGR HASKELL DEVELOPMENT, INC. 111 RIVERSIDE AVENUE JACKSONVILLE FL 32202											
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NAME	}			NAM			5	0000 -027	315	9866	<u>9</u>	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - 8T- ZIP			0000 -03/ ***	14/00== **55.00	-] *******	020 55.00	
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MAME				WAM	,							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - 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.												
		1/0/00			~							
SIGNATURE: 1/17/00 904/791-4500												