

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L98-3290

1. Entity Name

Security Trust Income Fund LLC

Principal Place of Business

Mailing Address

10611 Fruitville Road  
Sarasota, FL 34240

Same

2. Principal Place of Business

10611 Fruitville Rd

3. Mailing Address

10611 Fruitville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

Applied For  
Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Todd Mayo  
10611 Fruitville Rd  
Sarasota, FL 34240

7. Name and Address of New Registered Agent

Name Todd Mayo

Street Address (P.O. Box Number is Not Acceptable)

10611 Fruitville Rd

City

Sarasota

FL

Zip Code

34240

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

Todd Mayo managing member 11/20/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Managing Member ☐ Delete  
STREET ADDRESS Todd Mayo  
CITY-ST-ZIP 10611 Fruitville Rd  
Sarasota, FL 34240

TITLE NAME Pacific Capital Corp ☐ Delete  
STREET ADDRESS Same as above  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Managing Member ☒ Change ☐ Addition  
STREET ADDRESS Todd Mayo  
CITY-ST-ZIP 10611 Fruitville Rd  
Sarasota, FL 34240

TITLE NAME Pacific Capital Corp ☐ Change ☐ Addition  
STREET ADDRESS Same  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003491648--8  
CITY-ST-ZIP -12/08/00--01041--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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 OR MANAGER

Date

Daytime Phone #

Todd Mayo president

11-10-00 941544

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE