

2000 UNIFORM BUSINESS REPORT (UBR)

001710 AF

DOCUMENT # L98000003300

1. Entity Name
METRO AREA COMMUNITIES, LLC

FILED

00 MAR 24 AM 10:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

845 BAYSHORE BLVD.
TAMPA FL 33606

Mailing Address

P.O. BOX 1934
VALRICO FL 33595-1934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547191

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

7. Name and Address of New Registered Agent

CHADWELL, LARRY E
2409 CEDARCREST PLACE
VALRICO FL 33594

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 CHADWELL, LARRY E JR. ☐ Delete
STREET ADDRESS 2409 CEDARCREST PLACE
CITY - ST - ZIP VALRICO FL 33594

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

TITLE NAME MGRM CHADWELL, LARRY E ☐ Delete
STREET ADDRESS 2425 VALRICO FOREST DRIVE
CITY - ST - ZIP VALRICO FL 33594

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 845 BAYSHORE BOULEVARD
CITY - ST - ZIP TAMPA, FL 33606

TITLE NAME MGRM NORRIS, JEFFREY A ☐ Delete
STREET ADDRESS 2213 VALRICO FOREST DRIVE
CITY - ST - ZIP VALRICO FL 33594

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003203084-9
CITY - ST - ZIP -04/11/00--01047--021
*****50.00 *****50.00

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 OR MANAGER

Date

Daytime Phone #

3/21/00 (813) 258-8853

CR2E083 (9/99)