

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000254**

1. Entity Name

**PARKCREST AT PINELLAS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

201 E. KENNEDY BLVD., SUITE 1400  
TAMPA FL 33602

Mailing Address

201 E. KENNEDY BLVD., SUITE 1400  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**201 E. Kennedy Blvd.**

3. Mailing Address

**201 E. Kennedy Blvd.**

Suite, Apt. #, etc.

**Suite 950**

Suite, Apt. #, etc.

**Suite 950**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3571809**

Applied For

Not Applicable

Zip

**33602**

Country

**USA**

Zip

**33602**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, CINDY KNOTT**

**201 E. KENNEDY BLVD., SUITE 1400**

**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

**CINDY KNOTT TAYLOR**

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

**201 E. KENNEDY BLVD.**

**SUITE 950**

City

**TAMPA**

**FL**

Zip Code

**33602**

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

*Cindy Knott Taylor*

**CINDY KNOTT TAYLOR**

**8/17/00**

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/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TAYLOR, CINDY KNOTT**  
STREET ADDRESS **201 E. KENNEDY BLVD., SUITE 1400**  
CITY-ST-ZIP **TAMPA FL 33602**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **CINDY KNOTT TAYLOR**  
STREET ADDRESS **201 E. KENNEDY BLVD., SUITE 950**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500003380145--2**  
**-03/01/00--01053--001**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Cindy Knott Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**CINDY KNOTT TAYLOR 8/17/00**

**813-222-8982**

CR2E083 (5/00)