

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000551

1. Entity Name

WATERLINE ASSOCIATES, L.L.C.

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11050 9TH STREET EAST  
TREASURE ISLAND FL 33706

Mailing Address

11050 9TH STREET EAST  
TREASURE ISLAND FL 33706-1112

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

59-3554994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORNS, LONNIE T  
11050 9TH STREET EAST  
TREASURE ISLAND FL 33706

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 MGR  
NAME ORNS, LONNIE T  
STREET ADDRESS 11050 9TH STREET EAST  
CITY- ST- ZIP TREASURE ISLAND FL 33706 ☐ Delete

TITLE  
NAME 600003118326 ☐ Change  
STREET ADDRESS -02/01/00--01062--024  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME ORNS, EVELYN  
STREET ADDRESS 11050 9TH STREET EAST  
CITY- ST- ZIP TREASURE ISLAND FL 33706 ☐ Delete

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

TITLE  
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

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

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 #

1/17/00 727-572-744