

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000799

1. Entity Name

LAKE LECLARE PROPERTY, L.L.C.

Principal Place of Business

1525 W. HILLSBOROUGH AVENUE
TAMPA FL 33603

Mailing Address

1525 W. HILLSBOROUGH AVENUE
TAMPA FL 33603-1207

2. Principal Place of Business

2303 S. Hesperides

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

Country

33629

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REIBER, SAM I

601 E. TWIGGS STREET, SUITE 200
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM ARTZIBUSHEV, CONSTANTIN
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE NAME MGRM ARTZIBUSHEV, ANATASIA
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE NAME MGRM HYATT, HENRY
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE NAME MGRM HYATT, SUSAN I
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE NAME MGRM LEON, HERMAN
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

TITLE NAME MGRM LEON, ESPERANZA
STREET ADDRESS 1525 W. HILLSBOROUGH AVENUE
CITY- ST- ZIP TAMPA FL 33603 ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM THOMAS, G. PHILLIPS
STREET ADDRESS 1525 W. HILLSBOROUGH AVE
CITY- ST- ZIP TAMPA, FL 33603 ☐ Change ☒ Addition

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

TITLE NAME 300003219843
STREET ADDRESS -04/24/00--01034--010
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/5/00 815 203 0672