

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 18 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000823

1. Entity Name

CARILLON OF LAKE LAND, L.C.

Principal Place of Business

9190 OAKHURST ROAD, SUITE 2A
SEMINOLE FL 33776

Mailing Address

9190 OAKHURST ROAD, SUITE 2A
SEMINOLE FL 33776-2137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FRI Number

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

FORLIZZO, ROBERT A
13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 33762

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 MGR
CICCO, ROBERT A
STREET ADDRESS 9190 OAKHURST ROAD, SUITE 2A
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003287591--5
CITY-ST-ZIP -06/13/00--01079--024
*****50.00 *****50.00

TITLE NAME MGR
SPICER, JAMES R
STREET ADDRESS 16104 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708 ☐ Delete

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

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 REQUIRED
Robert A Cicco

4/25/2000

727-595-6407

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

Date

Daytime Phone #