

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000829

1. Entity Name

WARD, Austin and Mitchell
Gulf Homes, LC

APPROVED
AND
FILED

00 JUN -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3306 4th Ave
Holmes Beach, FL
34217

Mailing Address

3306 4th Ave
Holmes Beach, FL
34217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

522 Rollingview Dr.

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

Zip

33617-3855

Country

4. FEI Number

65-0891134

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

Ken Ward
701 Bayshore Blvd. #101
Tampa, FL 33606

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
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Ken Ward
701 Bayshore Blvd. #101
Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Robert Austin
1718 W. Baker St.
Plant City, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
David Mitchell
6804 Monet Circle
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003291309-005
-06/15/00-01068-005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

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

KEN WARD

4/25/2000 813-251-4188

Date

Daytime Phone #

CR2E083 (1/99)