

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000945**

1. Entity Name  
**ANTONIOU PROPERTIES OF FLORIDA, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5498 GREEN BANK DRIVE  
GRAND BLANC MI 48439

Mailing Address  
5498 GREEN BANK DRIVE  
GRAND BLANC MI 48439-9596

2. Principal Place of Business  
**2110 PINNACLE CIR N**

3. Mailing Address  
**2110 PINNACLE CIR N**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**

City & State  
**PALM HARBOR, FL**

Zip Country  
**34684-1767**

Zip Country  
**34684-1767**

4. FEI Number  
**38-3456038**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
**THOMAS S. ANTONIOU**

Street Address (P.O. Box Number is Not Acceptable)  
**2110 PINNACLE CIR N.**

City  
**PALM HARBOR FL**

Zip Code  
**34684-1767**

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: *Thomas S. Antoniou* **THOMAS S. ANTONIOU, MEMBER 2/28/00**

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/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIOU, THOMAS S 5498 GREEN BANK DRIVE GRAND BLANC MI 48439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIOU, VANESSA P 5498 GREEN BANK DRIVE GRAND BLANC MI 48439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIOU, THOMAS S. 2110 PINNACLE CIR N. PALM HARBOR, FL 34684-1767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIOU, VANESSA P. 2110 PINNACLE CIR N. PALM HARBOR, FL 34684-1767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mf 3/16/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003179318--7 -03/22/00--01022--018 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas S. Antoniou* **THOMAS S. ANTONIOU 2-28-00 (727)-772-6579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)