

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001048

1. Entity Name  
STAVRC, PRODUCTIONS, L.L.C.

Principal Place of Business  
C/O STEVE STAVRAKIS, ESQ.  
29 NORTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

Mailing Address  
C/O STEVE STAVRAKIS, ESQ.  
29 NORTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689-3415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-362 6398

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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 MGR STAVRAKIS, STEVE ☐ Delete  
STREET ADDRESS 29 NORTH PINELLAS AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689  
TITLE NAME MGR CABANAS, GINO ☐ Delete  
STREET ADDRESS 29 NORTH PINELLAS AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003212921--4  
CITY-ST-ZIP -04/18/00--01080--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/24/00 727 443 8575

APPROVED  
AND  
FILED

00 MAR 29 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf 4/7



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)