

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 FEB -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001103

1. Entity Name

ANHINGA LIMITED COMPANY

Principal Place of Business I-2

2340 PERIWINKLE WAY, SUITE J-3  
SANIBEL ISLAND FL 33957

Mailing Address

I-2  
2340 PERIWINKLE WAY, SUITE J-3  
SANIBEL ISLAND FL 33957-3220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2340 Periwinkle Way  
Suite, Apt. #, etc. Suite I-2  
City & State Sanibel Island FL

3. Mailing Address

2340 Periwinkle Way  
Suite, Apt. #, etc. Suite I-2  
City & State Sanibel Island FL

4. FEI Number

65-0902099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III  
2340 PERIWINKLE WAY, SUITE J-3 I-2  
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name Ratliff, Robert Lee III  
Street Address (P.O. Box Number is Not Acceptable)  
2340 Periwinkle Way ste I-2  
Sanibel Island  
City Sanibel Island FL Zip Code 33957

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 MGRM  
NAME RATLIFF, ROBERT LEE III ☐ Delete  
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE J-3  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Ratliff, Robert Lee III ☒ Change ☐ Addition  
STREET ADDRESS 2340 Periwinkle Way, suite I-2  
CITY-ST-ZIP Sanibel Island FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003128426--2  
-02/09/00--01001--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 REQUIRED

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

Date

Daytime Phone #

1-27-2000