

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001568

1. Entity Name

5 O'CLOCK PROPERTY MANAGEMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business

1280 NORTHPORT DRIVE
SARASOTA FL 34242

Mailing Address

1280 NORTHPORT DRIVE
SARASOTA FL 34242-1706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, LESLIE W
1280 NORTHPORT DRIVE
SARASOTA FL 34242

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 STREET ADDRESS CITY- ST- ZIP
MGR GRAY, LESLIE W 1280 NORTHPORT DRIVE SARASOTA FL 34242 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR KELLEY, CHARLES 1280 NORTHPORT DRIVE SARASOTA FL 34242 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY- ST- ZIP
100003162111--2
-03/08/00--01054--001
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

Leslie W. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-16-00

Date

941-346-0991

Daytime Phone #

CR2F083 (9/99)