

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99060001799**

1. Entity Name

**Art Vandalay Industries, LLC**

Principal Place of Business

Mailing Address

**201 North Franklin St.  
Suite 2100  
One Tampa City Center  
Tampa, FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

*MM*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Robert F. Garcia, Jr.  
201 North Franklin Street, 8th Floor  
One Tampa City Center  
Tampa, FL 33602**

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 **Managing Member** ☐ Delete  
NAME **Thomas M. Little**  
STREET ADDRESS **201 North Franklin St., Ste. 2100**  
CITY-ST-ZIP **Tampa, FL 33601**

TITLE **Managing Member** ☐ Delete  
NAME **Robert Garcia**  
STREET ADDRESS **201 North Franklin St., 8th Floor**  
CITY-ST-ZIP **Tampa, FL 33601**

TITLE **Managing Member** ☐ Delete  
NAME **Andrew R. McCumber**  
STREET ADDRESS **307 S. Hyde Park Avenue**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **100003245891--0**  
CITY-ST-ZIP **-05/09/00--01131--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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

Date

Daytime Phone #

*4/24/2000*

*813-202-1320*

CR2E083 (11/99)