

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001830**

1. Entity Name

SUN PINNACLE TITLE OF FLORIDA, L.L.C.

FILED

01 JAN 18 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1206 MANATEE AVENUE WEST
BRADENTON FL 34205**

Mailing Address

**1206 MANATEE AVENUE WEST
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

P.O. Box 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Bradenton, Florida**

4. FEI Number **65-0920021**

Applied For

Not Applicable

Zip

Country

Zip

Country

34206-0400

USA

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

**HARRISON, G. JOSEPH
1206 MANATEE AVENUE WEST
BRADENTON FL 34205**

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
**MGRM
HARRISON HENDRICKSON DOUGLASS & KIRKLAND
1206 MANATEE AVENUE WEST
BRADENTON FL 34205**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STANFORD MANAGEMENT GROUP, INC.
351 6TH AVENUE WEST
BRADENTON FL 34205**

☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Harrison Hendrickson Douglas & Kirkland, P.A., Manager

1/15/01

941-746-1167

CR2E083 (11/00)