## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT: # 20 L9900002096  1. Entity Name (1.17 of 3 % )  BASECK, L:L'C.						FILED				
D/ 10_01 1,						00 JAN 1	18 PM 2:5	3		
Principal Plac 617 TIMBER P BRANDON FL	OND DRIVE	Mailing Address 617 TIMBER POND DRIVE BRANDON FL 33510-2936	617 TIMBER POND DRIVE			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal P	lace of Business	3. Mailing Address	I. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	City & State			Number			plied For	
. Zip	Country	Zip	Zip Country			19 - 35 tificate of Status	6 9 3 9 9 s Desired	\$5.00 Add	ot Applicable fitional	
7 <u> </u>	6. Name and Address of Curren	Postorod Agent	,-				s of New Register	Fee Require	<del>d</del>	
	6. Name and Address of Curren	r negistered Agent		Name	.7. 1401	ie and Address	5 Of Hew Hogiston	ou ngoin		
BARNETT, SCOTT F				Street Ad	dress (P.O. Box	P.O. Box Number is Not Acceptable)				
	DAVIS BOULEVARD	•				<u></u>			_	
TAMPA FL	. 33006			City	_	<del></del>		Zip Code		
		<u> </u>					<del>-</del> -	Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its	registere	ed office or a	registered agent	or both, in the	State of Florida.		,	
SIGNATURE .		MOVE THE PROPERTY OF THE PROPE	. D	<b>.</b>	a care disease whom primets	-		TE		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered ager				e required when reinstr	T T				
		FILE NO Make Check Pay		FEE IS \$5						
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9.	MANAGING MEMI		10.			_	DDITIONS/CHANG		Addition	
TITLE (100 C)	KING, SUSAN J			E	co-ma	A.K.	ng Driv	Me ← CHINING	M MUNICON	
STREET ADDRESS	TAUDRESS 617 TIMBER POND DRIVE			ET ADDRESS	617 Ti	mber r	22CID	(		
CITY-ST-ZIP	BRANDON FL 33510		TITLE	-ST-ZIP	Brand	on th	33510	Change	Addition	
NAME		vestu	NAM						<b>—</b>	
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NAME			NAMI	E Et address			*****50.00			
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NAME STREET ADDRESS			HAMI STRE	E Et address						
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NAJNE STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			_	- 8T- ZIP						
TITLE NAME		Delete	TITLE	1				Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS				`		
CITY-8T-ZIP	certify that the information supplied wi	h this filing does not qualify for		ention state	ad in Section 110	07(3)(i) Florid	a Statutoe I further	certify that the in	nformation	
indicated	certify that the information supplied will on this report is true and accurate an bility company or the receiver or trusti	d that my signature shall have t	he same	e legal effec	t as if made und	er oath: that I a	m a managing mei	mber or manage	r of the	

SIGNATURE: \_\_\_\_\_\_

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

1-14-00

813-655-3180

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Daytime Phone #