

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002231

1. Entity Name

STAR LAND COMPANY, LLC

FILED

00 JAN 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% SUNTRUST BANK/ATTN: C. KELLEY CORBRIDGE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

Mailing Address

% SUNTRUST BANK/ATTN: C. KELLEY CORBRIDGE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236-5845

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 2018

Sarasota, FL

34230-2018 Sarasota

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBRIDGE, C. KELLEY
% SUNTRUST BANK/ATTN: C. KELLEY CORBRIDGE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 MGRM ☐ Delete
NAME SUNTRUST BANK, GULF COAST, TRUSTEE
STREET ADDRESS 1777 MAIN STREET, 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGRM ☐ Delete
NAME SUNTRUST BANK, GULF COAST, TRUSTEE
STREET ADDRESS 1777 MAIN STREET, 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Delete
NAME 700003112327-9
STREET ADDRESS -01/27/00-01015-022
CITY-ST-ZIP *****50:00-*****50:00

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
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 #

(941)
1/5/00 951-3225