

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002231**

1. Entity Name
STAR LAND COMPANY, LLC

FILED

01 OCT -4 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

Mailing Address
**P.O. BOX 2018
SARASOTA FL 34230-2018**

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
65-0916498

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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**

**400004637154--4
10/15/01--01079--013--
*****50.00 *****50.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

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

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

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: **C. Kelley Corbridge, Authorized Rep. 9/19/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)