

2001 UNIFORM BUSINESS REPORT (UBR)

0016786 AF

DOCUMENT # L99000002356

1. Entity Name

LEISURE PROPERTIES OF PINELLAS, LLC

FILED

01 FEB 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~2325 GLENMORE CIRCLE~~
~~SUN CITY CENTER FL 33573~~

Mailing Address

2325 GLENMORE CIRCLE
SUN CITY CENTER FL 33573

2. Principal Place of Business

445 S. Gulfview Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

Country

33767

Country

4. FEI Number

59-3571389 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, D. JAY ESQ.

~~401 E JACKSON ST., SUITE 2480~~

~~TAMPA FL 33602~~

6529 Central Av.
St. Petersburg, FL
33710

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 MGR
NAME EDWARDS, JAMES L
STREET ADDRESS ~~2325 GLENMORE CIRCLE~~ 50 Harbor View Ln.
CITY-ST-ZIP ~~SUN CITY CENTER FL 33573~~ Belair Bluffs, FL

TITLE MGR
NAME EDWARDS, SEAN L
STREET ADDRESS ~~2325 GLENMORE CIRCLE~~ 445 S. Gulfview Blvd.
CITY-ST-ZIP ~~SUN CITY CENTER FL 33573~~ Clearwater FL

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 33770
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 33767
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 200003768422-0
CITY-ST-ZIP -02/26/01--01132--023
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

Sean Edwards

2/17/01

727 441 4902

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

Date

Daytime Phone #

CR2E083 (11/00)