

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0025 57 AF

DOCUMENT # L99000002548

1. Entity Name
ADVANCED MASONRY ASSOCIATES, L.L.C.

01 MAY -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
640 APEX ROAD
SARASOTA FL 34240

Mailing Address
640 APEX ROAD
SARASOTA FL 34240



2. Principal Place of Business

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc:

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0917074

Applied For
Not Applicable

Zip Country

Zip Country

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

HANAN, BENJAMIN R ESQUIRE
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA FL 34236

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 NO. W!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KANE, STANLEY B
STREET ADDRESS 539 NORSOTA WAY
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

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

TITLE MGR
NAME KANE, DANIEL
STREET ADDRESS 1127 WESTWAY DRIVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE ~~MGR~~
NAME ~~KARP, ARTHUR~~
STREET ADDRESS ~~7902 SANDERLING ROAD~~
CITY-ST-ZIP ~~SARASOTA FL 34242~~ ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR
NAME RICHARD J. KARP
STREET ADDRESS 8855 MIDNIGHT PASS
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 4/26/01 Daytime Phone #

CR2E083 (11/00)

Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 487-6051.

Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 11.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.). This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

Block 1. Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after December 1, 2000, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. **ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 487-6051.**

Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. **If "applied for" is pre-printed in Block 4, you must now provide the FEI number or attach a copy of the application submitted to the Internal Revenue Service.** FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.

Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$5.00 with your filing fee.

Block 6. The law requires that each entity have a Registered Agent with a **Florida street address**. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.

Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. A LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the Limited Liability Company can.

Block 8. The new Registered Agent must accept the obligations of this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**

Block 9. Block 9 contains the managing members or managers last reported to our office. If blank, you must list the name and address of all managing members or managers in Block 10. **Please do not make any marks in Block 9 unless deleting a managing member or manager;** corrections or additions are to be made in Block 10.

Block 10. Block 10 is for changes or additions to the existing managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.

Block 11. **This report must be signed in Block 11** with an original signature by a managing member or manager of the entity that is listed in Block 9, Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

Mailing Address:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Internet Address:

<http://www.sunbiz.org>

Courier Address:

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Phone: (850) 487-6051

Hearing/Voice Impaired may call (850) 487-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.