

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002789**

1. Entity Name

FLORIDA PROPERTIES OF ST. PETERSBURG, L.L.C.

FILED

01 JAN 16 AM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**350 2ND STREET NORTH, NO. 12
ST. PETERSBURG FL 33701**

Mailing Address

**350 2ND STREET NORTH, NO. 12
ST. PETERSBURG FL 33701**

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

59-3575497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202-3520**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
EASTERLIN, P.R. JR.
350 2ND STREET, NO. 12
ST. PETERSBURG FL 33701**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
KING, J. DUDLEY JR.
TEN TARGET ROAD
HILTON HEAD ISLAND SC 29928**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**100003575531--2
-01/26/01--01008--008
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Daytime Phone #

P.R. Easterlin, JR 1/11/2001 727-896-8989

CR2E083 (11/00)