

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002887

1. Entity Name

THE SARATOGA GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:17

Principal Place of Business

814 HIGHWAY A1A, THE VERANDA, STE 301A
PONTE VEDRA BEACH FL 32082

Mailing Address

814 HIGHWAY A1A, THE VERANDA, STE 301A
PONTE VEDRA BEACH FL 32082

814 Highway A1A

Same

2. Principal Place of Business

The Veranda, STE 301A

3. Mailing Address

Suite, Apt. #, etc.

Ponte Vedra Beach, FL

City & State

City & State

4. FEI Number

59-3590213

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

RANDY DAVID TAYLOR

814 HIGHWAY A1A, THE VERANDA, STE 301A
PONTE VEDRA BEACH FL 32082

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
NAME RANDY DAVID TAYLOR
STREET ADDRESS 12412 MACAW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE MGRM
NAME HARSTER, LYNN
STREET ADDRESS 3069 LA RASERVE
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE MGRM
NAME BORG, SUSANNAH
STREET ADDRESS 220 PABLO ROAD
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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 #

CR2E083 (9/99)