

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002897

1. Entity Name

SM-WAKE FOREST, L.C.

name changed to Sm-Ashley Park, LLC -

name change  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 3 1999

00 JUL -3 PM 1:29

Principal Place of Business

9021 TOWN CENTER PARKWAY  
BRADENTON FL 34232

Mailing Address

9021 TOWN CENTER PARKWAY  
BRADENTON FL 34202-4175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-357 8717

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

GRAUS, KIMBERLY L  
9021 TOWN CENTER PARKWAY  
BRADENTON FL 34232 *typo*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

BRADENTON

FL

Zip Code

34202

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

*Kimberly L. Graus*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

4-18-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME *MANAGER*  
STREET ADDRESS *Newsome, John S.*  
CITY-ST-ZIP *9021 Town Center Parkway  
BRADENTON, FL 34202*

TITLE ☐ Change ☒ Addition  
NAME *of Manager*  
STREET ADDRESS *Doyle, Michael*  
CITY-ST-ZIP *9021 Town Center Parkway  
BRADENTON, FL 34202*

TITLE ☐ Change ☒ Addition  
NAME *MANAGER*  
STREET ADDRESS *GRAUS, Kimberly L.*  
CITY-ST-ZIP *9021 Town Center Parkway  
BRADENTON, FL 34202*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003317123--9  
-07/10/00--01011--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Kimberly L. Graus* 4-7-00 (941) 907-8788

CR2E083 (9/99)