

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 25 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003067

1. Entity Name  
301 INVESTMENTS, L.L.C.

Principal Place of Business

2059 PRINCETON STREET  
SARASOTA FL 34237

Mailing Address

2059 PRINCETON STREET  
SARASOTA FL 34237-3439

2. Principal Place of Business

3. Mailing Address

P.O. Box 15678

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL 34237

Zip

Country

Zip

34277

Country

4. FEI Number

65-0924004

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

7. Name and Address of New Registered Agent

BUSTARD, R. DAVID ESQ.  
C/O WILLIAMS, PARKER, ET AL  
200 SOUTH ORANGE AVE.  
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 NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS NESTOR, MITCHELL  
CITY-ST-ZIP 2059 PRINCETON STREET  
SARASOTA FL 34237

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003289896--1  
-06/14/00--01113--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NOR  
WILLIE FAULKNER  
2059 PRINCETON ST  
SARASOTA, FL 34237

TITLE NAME  
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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 #

CR2E0 3 (5/93)