

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003074

1. Entity Name
PARADISE BAY ENTERPRISES, L.C.

00 MAY 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5864 DRIFTWOOD PLACE
SARASOTA FL 34231

Mailing Address

5864 DRIFTWOOD PLACE
SARASOTA FL 34231-3158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3521 ALMERIA AVE

3. Mailing Address

PO Box 2291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

NA

Applied For

Not Applicable

Zip
34239

Country
USA

Zip
34230

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ERRICO, EDMOND
5864 DRIFTWOOD PLACE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
RAMSEY J. FRANGIE

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

3521 ALMERIA AVE

City
SARASOTA

FL

Zip Code
34239

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
FRANGIE, RAMSEY J
492 MEADOW SWEET CIRCLE
OSPREY FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUSCA, PIERA
9547 HAWKSMOOR LANE
SARASOTA FL 34238 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D'ERRICO, EDMOND
5864 DRIFTWOOD PLACE
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPPELLI, MARIO
VIA G-MATTEOTTI 22, 00060 CAPENA
ROME, ITALY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003287415--3
-06/13/00--01079--005
*****50.00 *****50.00

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED
RAMSEY J. FRANGIE 4/17/02 941-376-7267

CR2E083 (9/99)