

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 29 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004020

1. Entity Name

PRIMS HOLDINGS, L.C.

Principal Place of Business

13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 33762

Mailing Address

13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 33762-5547

2. Principal Place of Business

2903 Rigsby Lane

Suite, Apt. #, etc.

3. Mailing Address

2903 Rigsby Lane

Suite, Apt. #, etc.

City & State

Safety Harbor

City & State

Safety Harbor

4. FEI Number

59-3586645

Applied For

Not Applicable

Zip  
34695

Country  
U.S.

Zip  
34695

Country  
U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

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

2903 Rigsby Lane

City

Safety Harbor

FL

Zip Code  
34695

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

Robert A. Forlizzo

4/6/00

(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 MGR ☐ Delete  
STREET ADDRESS FORLIZZO, ROBERT A  
CITY-ST-ZIP 13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 33762

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2903 Rigsby Lane  
CITY-ST-ZIP Safety Harbor, FL 34695

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 900003256689--6  
CITY-ST-ZIP -05/18/00--01017--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert A. Forlizzo

Manager

Date

4/6/00

Daytime Phone #

727-669-0550

CR2E083 (9/99)