

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004043**

1. Entity Name

**SAFE HARBOR MANAGED ACCOUNT 101, LLC**

APPROVED  
AND  
FILED

00 JUL 20 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

33920 U.S. HIGHWAY 19 NORTH, SUITE 150  
PALM HARBOR FL 34684

Mailing Address

33920 U.S. HIGHWAY 19 NORTH, SUITE 150  
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**33920 U.S. Hwy 19 N**

3. Mailing Address

**33920 US Hwy 19 N**

Suite, Apt. #, etc.

**Suite 150**

Suite, Apt. #, etc.

**Suite 150**

City & State

**Palm Harbor, FL**

City & State

**Palm Harbor, FL**

Zip

**34684**

Country

**USA**

Zip

**34684**

Country

**USA**

4. FEI Number

**59-3580584**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TANELLA, DEAN G**

**33920 U.S. HIGHWAY 19 NORTH, SUITE 150  
PALM HARBOR FL 34684**

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

**12 July 2000**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGR  
SAFE HARBOR CAPITAL MANAGEMENT, LLC  
33920 U.S. HIGHWAY 19 NORTH, SUITE 150  
PALM HARBOR FL 34684**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
**600003337216-4  
-07/26/00--01098--007  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
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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

**12 July 2000 727-792-XXXX**

Date Daytime Phone #

CR2E083 (5/00)