

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007446 AF

DOCUMENT # L99000004229

1. Entity Name  
TAMPA BAY 1, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:37



Principal Place of Business  
1715 WEST CLEVELAND STREET  
TAMPA FL 33606

Mailing Address  
P.O. BOX 3277  
TAMPA FL 33601-3277

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
59-3591504

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

DESLOOVERE, MURIEL  
1715 WEST CLEVELAND STREET  
TAMPA FL 33606

## 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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/31/00

**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  
HAINES, WILLIAM L  
120 FIFTH FLOOR, 11TH FLOOR  
NEW YORK NY 10011

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

*[Handwritten: mfg 3/9/00]*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MEMBER  
RICHARD SHARKEN  
120 5TH AVE 11TH FL  
NEW YORK, N.Y. 10011

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

100003169151-1  
-03/14/00--01088--007  
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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 #

1/31/00 212-867-7749

CR2E083 (9/99)