

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016946 AF

DOCUMENT # L99000004229

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

FILED

01 FEB -5 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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  
3616 NASSAU ST,  
Suite, Apt. #, etc.

3. Mailing Address  
AS 4/2005  
Suite, Apt. #, etc.

City & State  
TAMPA FL.

City & State

4. FEI Number 59-3591504

Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

400003672964--4  
-02/09/01--01096--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, WILLIAM L		NAME		
STREET ADDRESS	120 FIFTH FLOOR, 11TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10011		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARKEN, RICHARD		NAME		
STREET ADDRESS	120 5TH AVE, 11TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10011		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Richard Sharken  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01 215  
807 7744  
Date Daytime Phone #

CR2E083 (11/00)