

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028422 AF

DOCUMENT # L99000004359

1. Entity Name  
SUBURBAN HOLDING COMPANY, L.L.C. OF SARASOTA

FILED

01 MAR 20 PM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2129 LINWOOD DRIVE  
SARASOTA FL 34232

Mailing Address  
P.O. BOX 7995  
SARASOTA FL 34278

2. Principal Place of Business  
8151 Blaikie Court

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

City & State  
Sarasota, FL

City & State

4. FEI Number 65-0942058

Applied For  
Not Applicable

Zip 34240 Country USA

Zip Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ERB, SAMUEL S  
2129 LINWOOD DRIVE  
SARASOTA FL 34232

## 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

3/12/01

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ERB, SAMUEL S  
STREET ADDRESS 2129 LINWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE MGR  
NAME ERB, SARA ANN  
STREET ADDRESS 2129 LINWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE MEMBER  
NAME ERB, STACY R.  
STREET ADDRESS 1709 Beechwood Cir, S.  
CITY-ST-ZIP Tallahassee FL 32301 ☐ Delete

TITLE MEMBER  
NAME ERB, STEPHANIE L.  
STREET ADDRESS 5401 Bentgrass Drive #114  
CITY-ST-ZIP Sarasota, FL 34235 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300003909323-9  
-03/26/01-01086-014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/12/01

Date

(941) 378-5980

Daytime Phone #

CR2E083 (11/00)