

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004526

1. Entity Name

FREDDY'S PLAZA OF SEMINOLE, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

C/O PRLM. INC.

17300 X STREET NORTH

ST PETERSBURG FL 33710

Mailing Address

C/O PRLM. INC.

XXXXXX STREET NORTH

ST PETERSBURG FL 33710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7211 1st. Ave. S.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 48547

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3050362

Applied For

Not Applicable

Zip  
33707

Country  
USA

Zip  
33743-8547

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD #4874  
MIAMI FL 33131

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SORLEY, RALPH G JR  
9 MALLARD LANE  
WESTPORT CT 06880 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003408442--4  
-03/28/00--01091--008--  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
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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 OR MANAGER

Date

Daytime Phone #

9-22-00 727-347-5796

CR2E083 (5/00)