

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 17, 2000 08:00 AM  
Secretary of State

DOCUMENT # L99000004538

1. Entity Name

ST. PETERSBURG ALF INVESTMENTS LLC

Principal Place of Business

THE GLADES BUILDING SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST PETERSBURG FL 33702

Mailing Address

THE GLADES BUILDING SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST PETERSBURG FL 33702

2. Principal Place of Business

THE GLADES BUILDING, SUITE 303

3. Mailing Address

THE GLADES BUILDING, SUITE 303

Suite, Apt. #, etc.

877 EXECUTIVE CENTER DRIVE WEST

Suite, Apt. #, etc.

877 EXECUTIVE CENTER DRIVE WEST

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33702

Country

Zip

33702

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASCARA ERNEST L  
THE GLADES BUILDING SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST PETERSBURG FL 33702

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)

03/17/2000

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME MASCARA ERNEST L  
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST SUITE 303  
CITY-ST-ZIP ST PETERSBURG FL 33702

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME GERAETS JOHANNES F  
STREET ADDRESS 421 FOURTH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.