

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004570

1. Entity Name

SHERIDAN 75, L.L.C.

Principal Place of Business

C/O AMERITY DEVELOPMENT & INVESTMENT, INC.  
2419 E COMMERCIAL BLVD SUITE 301  
FT LAUDERDALE FL 33308

Mailing Address

C/O AMERITY DEVELOPMENT & INVESTMENT, INC.  
2419 E COMMERCIAL BLVD SUITE 301  
FT LAUDERDALE FL 33308-4042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, PATRICK G  
1401 E BROWARD BLVD  
SUITE 206  
FT LAUDERDALE FL 33301

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS STOCKAMORE, RICK N  
CITY- ST- ZIP 2419 E COMMERCIAL BLVD SUITE 301  
FT LAUDERDALE FL 33308

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

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS STOCKAMORE, JOHN H III  
CITY- ST- ZIP 2419 E COMMERCIAL BLVD SUITE 301  
FT LAUDERDALE FL 33308

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  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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NAME  
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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.

SIGNATURE:

*R. Stockmore*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/14/00 954-491-0100

CR2E083 (9/99)

FILED  
00 APR -7 AM 8:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE