

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004942

1. Entity Name

UNITED INVESTORS NETWORK, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business

4625 E BAY DRIVE
SUITE 308
LARGO FL 33764

Mailing Address

4625 E BAY DRIVE
SUITE 308
LARGO FL 33764-6868

00 FEB 24 AM 11:38



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

☒ 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name T. J. CARRIGAN + CO. INC.

Street Address (P.O. Box Number is Not Acceptable)
11282 W. HILLSBOROUGH AVE

City TAMPA

FL

Zip Code 33635

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

Thomas J. Carrigan
Signature, typed or printed name of registered agent and title if applicable.

THOMAS J. CARRIGAN
(NOTE: Registered Agent signature required when reinstating)

2-9-2000
DATE

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

mf 3/7/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CARLSON, DAMON E
STREET ADDRESS 4625 E BAY DRIVE #308
CITY- ST- ZIP LARGO FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003164832--0
CITY- ST- ZIP -03/10/00--01018--022
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME TAYLOR, JAMES B #308
STREET ADDRESS 4625 E BAY DRIVE
CITY- ST- ZIP LARGO FL 33764

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.

SIGNATURE:

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

2-9-2000
Date

(727) 533-8030
Daytime Phone #

CR2E083 (9/99)