

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005187**

1. Entity Name
ASHTON VENTURES TWO, L.L.C.

Principal Place of Business
**1745 W FLETCHER AVENUE
TAMPA FL 33612**

Mailing Address
**1745 W FLETCHER AVENUE
TAMPA FL 33612-1820**

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

59-3593216

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

**RICE, MICHAEL P
1745 W FLETCHER AVENUE
TAMPA FL 33612**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICE, MITCHELL F
1745 W FLETCHER AVENUE
TAMPA FL 33612** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARKTOWN HOLDINGS, INC.
1745 W FLETCHER AVENUE
TAMPA FL 33612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000003267530--8
-05/26/00--01004--011
*****55.00 *****55.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICE, MICHAEL P
1745 W FLETCHER AVENUE
TAMPA FL 33612** ☐ Delete

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

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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:

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

4/18/00
Date

813-968-6511
Daytime Phone #

CR2E083 (9/99)