

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005274

1. Entity Name  
1099, L.C.

Principal Place of Business  
707 S WASHINGTON BLVD  
SARASOTA FL 34236

Mailing Address  
707 S WASHINGTON BLVD  
SARASOTA FL 34236-7835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 U.S. Hwy 41 Bypass So.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

4. FEI Number

65-0943563

Applied For

Not Applicable

Zip

34292

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E  
2033 MAIN ST  
SUITE 600  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name John Tosch  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Sarasota Ford  
707 S. Washington Blvd.  
City Sarasota FL Zip Code 34236

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

John Tosch

04/25/00

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

300003264033--3  
-05/23/00--01106--021  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BUCHANAN, VERNON G 707 S WASHINGTON BLVD SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vernon G. Buchanan, Manager Member (941)

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

Date

Daytime Phone #

04/27/00

366-5230

CR2E083 (9/99)