N SHEKKOOD

CR2E083 (9/99)

2000	UNIFORM BUS	INESS REPO	RT	(UBR)			
DOCUMENT # L9900005306				FILED			
CITRUS POINTE, L.L.C.					00 JAN 2	7 AM 11: 27	
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
5991 CATTLERIDGE BOULEVARD SARASOTA FL 34232		5991 CATTLERIDGE BOULEVARD SARASOTA FL 34232-6047					
Principal Place of Business 3. Mailing Address							
· · · · · · · · · · · · · · · · · · ·							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE			
City & State		City & State			4. FEI Number	Applied ForNot Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Reg	istered Agent	
SEIDER, WILLIAM M			1	Street Address (ss (P.O. Box Number is Not Acceptable)		
200 SOUTH ORANGE AVENUE SARASOTA FL 34236			}		**************************************		
:			-	City	FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its	s registere	d office or register	red agent, or both, in the State of Florid	a.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		FILE N	OW!!! F	EE IS \$50.00			
		Make Check Pa		•	f State		
9. MANAGING MEMBERS/MEMBERS			10.		ADDITIONS/CHANGES		
TITLE NAME	MGR SEIDER, HOWARD A	☐ Delete	TITLE NAME		500003:	Change Addition Addition	
STREET ADDRESS City-St-Zip	5991 Cattleridge Boulevari Sarasota FL 34232)		T ADDRESS ST-ZIP	-U2/U1/ *****2		
TITLE	MGR TYLER, PATRICIA A	☐ Delete	TITLE			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5991 CATTLERIDGE BOULEVARI SARASOTA FL 34232)	STREE	T ADDRESS ST-ZIP	100003. -02/01/ ******	188211 0001092008 5.00 *****25.00	
TITLE	MGR	Colete	TITLE	ţ		Change Addition	
STREET ADDRESS GITY-ST-ZIP	SEIDER, WILLIAM M 4552 CAMINO REAL		8TREE	T ADDRESS ST-ZIP	^		
TITLE	SARASOTA FL 34232	☐ Delpts	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			MAME STREE	T ADDRESS			
CITY-87-ZIP			CITY-	ST- ZIP		Change Addition	
NAME		baseto	NAME				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
TITLE NAME		Delete .	TITLE NAME			Change 🗍 Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
indicatéd	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	legal effect as if m	nade under oath; that I am a managing		
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: JOHNSON 1-24-00							