

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005344

1. Entity Name

ST. PETE ARLINGTON, L.C.

FILED

00 FEB -3 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

749 NORTH GARLAND AVENUE  
SUITE 105  
ORLANDO FL 32801

Mailing Address

749 NORTH GARLAND AVENUE  
SUITE 105  
ORLANDO FL 32801-1024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

PRATT, JAMES R  
C/O GRAHAM CLARK JONES BUILDER PRATT MARKS  
369 N NEW YORK AVENUE 3RD FLOOR  
WINTER PARK FL 32789

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  
MGR  
HARRISON, RAYMOND D  
749 NORTH GARLAND AVENUE SUITE 102  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
600003127186--3  
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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:

*Raymond D. Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/1/00  
Date

404 422 4467  
Daytime Phone #

CR2E083 (9/99)