

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005419

1. Entity Name

BRIDGE WATER INN LIMITED LIABILITY COMPANY

Principal Place of Business

4331 PINE ISLAND ROAD
MATLACHA FL 33993

Mailing Address

4331 PINE ISLAND ROAD
MATLACHA FL 33993-9776

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

470-64-4024

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 MAR 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARNEY, STEVEN P
2609 CLYDE STREET
MATLACHA FL 33993

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
MCCARNEY, STEVEN P
2609 CLYDE ST.
MATLACHA FL 33993 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
6000003193825--3
-04/04/00--01001--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCCARNEY, OSIRIS A
2609 CLYDE ST.
MATLACHA FL 33993 ☐ Delete

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☐ Change ☐ Addition

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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:

Steven P. McCarney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Steven P. McCarney 3/1/00 941 283 2423
Date Daytime Phone #

CR2E083 (9/99)