

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005712

1. Entity Name

269 SOUTH OSPREY, L.L.C.

Principal Place of Business

107 SOUTH OSPREY AVENUE
SARASOTA FL 34236

Mailing Address

107 SOUTH OSPREY AVENUE
SARASOTA FL 34236-5820

2. Principal Place of Business

1602 East Avenue

3. Mailing Address

1602 East Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. FEI Number

65-0949609

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

ROKNICH, NICK III

C/O ROKNICH & GIBSON

1800 SECOND ST., SUITE 901

SARASOTA FL 34236

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 ~~MGR~~ MGRM ☐ Delete
NAME LAWSON, DONALD M

STREET ADDRESS 107 SOUTH OSPREY AVENUE
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGRM ☐ Delete
NAME G. William Dunn

STREET ADDRESS 1602 East Avenue
CITY-ST-ZIP SARASOTA FL 34237

TITLE Mgr ☐ Delete
NAME RONALD DENHAM

STREET ADDRESS 1602 East Avenue
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
RONALD DENHAM

Date

Daytime Phone #

2-15-00 941-365-3454

CR2E083 (9/99)