

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005746

1. Entity Name

NICHOL STREET INVESTMENTS, LLC

FILED

01 MAR -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

101 E. KENNEDY BLVD., SUITE 3925  
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD., SUITE 3925  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 3925

Suite, Apt. #, etc.

Suite 3925

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3597378

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDON, BRAD A

101 E. KENNEDY BLVD., SUITE 3925  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

2-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MICHAELS, JOHN P JR. ☐ Delete  
STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 3925  
CITY-ST-ZIP TAMPA FL 33602

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS Suite 3925  
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition  
STREET ADDRESS Brad Gordon  
CITY-ST-ZIP 101 E. Kennedy Blvd Suite 3925  
TAMPA FL 33602

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003891382-6  
CITY-ST-ZIP -03/21/01-0111-022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-01

CR2E083 (11/00)

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