

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90031 032 \*\*\*\*50.00

**DOCUMENT # L99000005746**

1. Entity Name

**NICHOL STREET INVESTMENTS, LLC**



Principal Place of Business

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

Mailing Address

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

**20023310**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**101 E. Kennedy Blvd.**

Suite, Apt. #, etc.

**Suite 3300**

City & State

**Tampa, FL**

Zip

**33602**

Country

**U.S.A.**

3. Mailing Address

**101 E. Kennedy Blvd.**

Suite, Apt. #, etc.

**Suite 3300**

City & State

**Tampa, FL**

Zip

**33602**

Country

**U.S.A.**

4. FEI Number **59-3597578**

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

**GORDON, BRAD A**

**101 E. KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **J. Patrick Michaels, Jr.**  
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **MGR** ☒ Delete  
NAME **GORDON, BRAD**  
STREET ADDRESS **101 E. KENNEDY BLVD., SUITE 3925**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Brad A. Gordon**  
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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**

**Brad A. Gordon**

**01-16-03 (813) 318-9444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)