

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006111

1. Entity Name  
AJT INVESTMENTS OF SARASOTA, L.L.C.

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4351 FOWLER STREET  
FORT MYERS FL 33901

Mailing Address  
3500 FOWLER STREET  
FORT MYERS FL 33901



2. Principal Place of Business

3. Mailing Address

2555 Colonial Blvd  
as of 8/15/01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State

City & State

Ft Myers Florida

4. FEI Number 65-0953833

Applied For  
Not Applicable

Zip

Country

Zip

Country

33907 Florida

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

KEYSER, STEPHEN B  
1515 RINGLING BLVD., SUITE 1000  
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 NAME MGRM  
STREET ADDRESS TEMPLETON, ANN J  
CITY-ST-ZIP 8177 MISTY OAKS BOULEVARD  
SARASOTA FL 34243 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 323 Ben Franklin Drive  
CITY-ST-ZIP Sarasota, Florida 34236

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004481396-6  
CITY-ST-ZIP -07/17/01-01091-029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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

7/6/01

944-936-4114

Date

Daytime Phone #

0019479 AF

CR2E083 (11/00)