

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006274

1. Entity Name
BLANDING-103RD, LC

FILED

01 APR 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

Mailing Address
**4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**



2. Principal Place of Business
1 Sleiman Parkway,

3. Mailing Address
1 Sleiman Parkway

Suite, Apt. #, etc.
Suite 270

Suite, Apt. #, etc.
Suite 270

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number **59-3604872**

Applied For
Not Applicable

Zip
32216

Country
U.S.A.

Zip
32216

Country
U.S.A.

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

**SLEIMAN, PETER D
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

Name
Sleiman, Peter D.
Street Address (P.O. Box Number is Not Acceptable)
1 Sleiman Parkway
Suite 270
City
Jacksonville **FL** Zip Code
32216

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**

**700004137907--7
-05/07/01--01019--024
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SLEIMAN, ANTHONY T
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Sleiman, Anthony T.
1 Sleiman Parkway, Suite 270
Jacksonville, Florida 32216** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

Anthony T. Sleiman 4/15/01 904-731-8804

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CR2E083 (11/00)