

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006311

1. Entity Name

MANATEE AVENUE DEVELOPERS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100 SEP 13 AM 10:02

Principal Place of Business

1001 3RD AVENUE WEST, STE 410
BRADENTON BEACH FL 34205

Mailing Address

1001 3RD AVENUE WEST, STE 410
BRADENTON BEACH FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989605

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

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET, WEST
BRADENTON FL 34205

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NDC DEVELOPMENT COMPANY	
STREET ADDRESS	1001 THIRD AVE. W. #410	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHN M MCKAY	
STREET ADDRESS	1001 THIRD AVE. W. #470	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLALOCK, LANDERS, WALTERS & VOGLER, P.A.	
STREET ADDRESS	802 11TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500003399345--7
CITY-ST-ZIP	-09/20/00--01058--020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****50.00
STREET ADDRESS	*****50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8/21/00

941-745-1228

CRZE083 (5/00)