

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006893

1. Entity Name

MAR, L.C.

Principal Place of Business

1211 N. WESTSHORE BLVD., SUITE 700
TAMPA FL 33607

Mailing Address

1211 N. WESTSHORE BLVD., SUITE 700
TAMPA FL 33607

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

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

FORLIZZO & NEAL, P.A.

13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 33762

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 MGR
NAME AUSTIN, ALFRED S
STREET ADDRESS 1211 N. WESTSHORE BLVD., SUITE 700
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300004419763--7
-06/14/01--01055--005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ***441.25 ***50.00
50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Alfred S. Austin

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

4/23/01 8132893886

Date Daytime Phone #

0017430 AF

CR2E083 (11/00)

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FILED
75-019-01-80070
JUN 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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