

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006938

1. Entity Name

ALL SAINTS DEVELOPMENT, LLC

FILED

00 JAN 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1014 NORTH ADAMS STREET, SUITE B
TALLAHASSEE FL 32303

Mailing Address

1014 NORTH ADAMS STREET, SUITE B
TALLAHASSEE FL 32303-6133



DO NOT WRITE IN THIS SPACE

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

59-3606574

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

VAN ASSENDERP, KENZA ESQ.
C/O YOUNG, VAN ASSENDERP, VARNADOE & ANDER
225 SOUTH ADAMS STREET, SUITE 200
TALLAHASSEE FL 32302-1833

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 ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

Manager ☐ Change ☒ Addition
R. Dean Minardi
1014 N. Adams St. Suite B
Tallahassee, FL 32303 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

4000003104154--0
-01/20/00--01037--009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
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.

R. Dean Minardi
SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/06/00

Date

850-561-5084

Daytime Phone #

CR2E083 (9/99)