

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

20114 0 AF

DOCUMENT # L99000006974

1. Entity Name  
FANTASY CHARTER OF SOUTHWEST FLORIDA, L.L.C.

00 JUN 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6863 OLD RANCH ROAD  
SARASOTA FL 34241

Mailing Address  
6863 OLD RANCH ROAD  
SARASOTA FL 34241-9640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6706 Hickory Hammock Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

34202

USA

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

PADEREWSKI, ALEXANDER G  
1834 MAIN STREET  
SARASOTA FL 34236

Name

Walter Reed Johnston

Street Address (P.O. Box Number is Not Acceptable)

6706 Hickory Hammock Cir

City

Sarasota FL

FL

Zip Code

34202

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

4-25-00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete  
NAME Don Rowe  
STREET ADDRESS 20-B Old Englewood Rd.  
CITY-ST-ZIP Englewood Fl. 34223 MGRM

TITLE ☐ Change ☐ Addition  
NAME 100003313621--8  
STREET ADDRESS -07/05/00--01100--010  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE Treasurer ☐ Delete  
NAME Walter Reed Johnston  
STREET ADDRESS 6863 Old ranch Rd.  
CITY-ST-ZIP Sarasota, Fl. 34241 MGRM

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

TITLE Secretary ☐ Delete  
NAME Dave Erchul  
STREET ADDRESS 6706 Hickory Hammock Circle  
CITY-ST-ZIP Sarasota Fl. 34202 MGRM

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4-25-00

941-926-0489

CR2E083 (9/99)