

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000007070

1. Entity Name
SOUTH WASHINGTON DRIVE, LLC

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2750 STICKNEY POINT ROAD, SUITE 201
SARASOTA FL 34231

Mailing Address
2750 STICKNEY POINT ROAD, SUITE 201
SARASOTA FL 34231-6024



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

65-0956293

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

DOOLEY, WILLIAM A. ESQ.
2070 RINGLING BLVD.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name DOOLEY, WILLIAM A. ESQ.

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

1432 FIRST STREET

City SARASOTA

FL

Zip Code 34236

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

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

KENNETH D. SMITH 4-26-00 (941) 921-4636

CR2E083 (9/99)