

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018683 AF

DOCUMENT # L99000007176

1. Entity Name  
WEST HAMPTON, L.L.C.

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
221 TURNER STREET  
CLEARWATER FL 33756

Mailing Address  
221 TURNER STREET  
CLEARWATER FL 33756



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

59-3674831

City & State  
Zip Country

4. FEI Number  
APPLIED FOR

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FELDMAN, DONNA J ESQ.  
2655 MCCORMICK DRIVE  
CLEARWATER FL 33759

7. Name and Address of New Registered Agent  
Name: GEOFFREY WEBER  
Street Address (P.O. Box Number is Not Acceptable): 221 TURNER ST.  
City: CLEARWATER FL Zip Code: 33756

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] DATE: 2.24.01

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, GEOFFREY C 221 TURNER STREET CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ANDREW J LYNN 1311 N. CHURCH AVE. TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RICHARD A. ZIZI, JR. 1700 W. GUNN RD CLEARWATER, FL 34621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003854186-2 -03/15/01--01061--022 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] DATE: 3.7.01 727 449.1476

CR2E083 (11/00)