

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007198

1. Entity Name

SAKITOMI INVESTMENTS, LLC

APPROVED  
AND  
FILED

00 APR 21 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~11015 A NORTH DALE MABRY HIGHWAY~~  
~~TAMPA FL 33618~~

Mailing Address

~~11015 A NORTH DALE MABRY HIGHWAY~~  
~~TAMPA FL 33618 3301~~

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

13014 N. DALE MABRY

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

SUITE 356

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

Zip

33618

Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3625127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEOFFREY TODD HODGES, ESQUIRE  
905 SHADED WATER WAY  
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

TITLE MGR  
NAME SCHWENCKE, KIM M  
STREET ADDRESS ~~11015 A NORTH DALE MABRY HIGHWAY~~  
CITY- ST- ZIP TAMPA FL 33618 ☐ Delete

TITLE MGR  
NAME RAPPAPORT, A.G.  
STREET ADDRESS ~~11015 A NORTH DALE MABRY HIGHWAY~~  
CITY- ST- ZIP TAMPA FL 33618 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS 13014 N. DALE MABRY - SUITE 356  
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 13014 N. DALE MABRY - SUITE 356  
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE  
NAME 800003243038-3  
STREET ADDRESS -05/08/00--01117--010  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

TITLE  
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.

SIGNATURE:

Kim M. Schwenske

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

4-18-00

Date

813-269-0899

Daytime Phone #

CR2E083 (9/99)