

2001 UNIFORM BUSINESS REPORT (UBR)

0017499 AF

DOCUMENT # L99000007450

1. Entity Name
AUSTIN LAUREL ASSOCIATES, L.L.C.

FILED
01 FEB 23 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
405 N. REO STREET, SUITE 160
TAMPA FL 33609

Mailing Address
405 N. REO STREET, SUITE 160
TAMPA FL 33609

2. Principal Place of Business
4905 WEST LAUREL ST.

3. Mailing Address
4905 WEST LAUREL ST.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
USA

Zip
33607

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JOHN E
405 N. REO STREET, SUITE 160
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4905 WEST LAUREL STREET
SUITE 200
City TAMPA FL Zip 33607

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.

JOHN E. CARTER
MANAGING MEMBER

(NOTE: Registered Agent signature required when reinstating)

DATE

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

300003768623--2
-02/26/01--01147--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME CARTER, JOHN E
STREET ADDRESS 405 N. REO STREET, SUITE 160
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE MGRM
NAME JENRETTE, JON S
STREET ADDRESS 405 N. REO STREET, SUITE 160
CITY-ST-ZIP TAMPA FL 33609 ☐ 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 4905 WEST LAUREL STREET, SUITE 200
CITY-ST-ZIP TAMPA FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4905 WEST LAUREL STREET, SUITE 200
CITY-ST-ZIP TAMPA FL 33607 ☒ 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

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/01 (813) 287-0101
Date Daytime Phone #

CR2E083 (11/00)