

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009451 A

DOCUMENT # L99000007649

1. Entity Name
1299, L.C.

00 MAY -2 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
707 S. WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address
707 S. WASHINGTON BLVD.
SARASOTA FL 34236-7835



2. Principal Place of Business

750 U.S. Hwy 41 Bypass So.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice, FL

City & State

4. FEI Number

65-0962799

Applied For

Not Applicable

Zip

34292

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E
2033 MAIN ST. SUITE 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name John Tosch
Street Address (P.O. Box Number is Not Acceptable)
c/o Sarasota Ford
707 S. Washington Blvd.
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

John Tosch 04/25/00

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

400003264034--0
-05/23/00--01106--022
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME BUCANAN, VERNON G
STREET ADDRESS 707 S. WASHINGTON BOULEVARD
CITY-ST-ZIP SARASOTA FL 34236

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 608, Florida Statutes.

SIGNATURE:

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

Vernon G. Buchanan, Manager

Date

Daytime Phone #

04/27/00

366-5230

CR2E083 (9/99)