

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 U.S. Hwy 41 Bypass So.
Suite, Apt. #, etc.

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

City & State
Venice, FL

City & State

Zip
34292

Country
U.S.A.

Zip

Country

4. FEI Number
65-0962799

Applied For
 Additional
 Not Applicable

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)
40 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 **John Tosch** DATE **04/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCANAN, VERNON G 707 S. WASHINGTON BOULEVARD SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Vernon G. Buchanan, Manager** (941)
SIGNATURE REQUIRED **Salvatore Rosa** DATE **04/27/00** 366-5230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)