

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007728

1. Entity Name
SPE #6, LLC

Principal Place of Business
3400 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
3400 S. TAMiami TRAIL
SARASOTA FL 34239-6093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752645

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDDELL, JEFFERSON F ESQ.
3400 S. TAMiami TRAIL
SARASOTA FL 34239

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME RIDDELL, JEFFERSON F
STREET ADDRESS 3400 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003287883-4
-06/14/00--01009--003
*****50.00 *****50.00

TITLE Member
NAME SARASOTA Title Services, Inc.
STREET ADDRESS 3400 S. Tamiami Trail
CITY-ST-ZIP SARASOTA, FL 34239

TITLE Member MGRM
NAME SARASOTA Title Services, Inc.
STREET ADDRESS 3400 S. Tamiami Trail
CITY-ST-ZIP SARASOTA FL 34239

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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 SARASOTA Title Services, Inc. Member By: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Res. 941-366-1300
4-18-00
Daytime Phone #

CR2003 (0-0-0)