2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007828 1. Entity Name ST. PETERSBURG SK8 PARK, L.L.C.				FILED
				00 JAN 20 PM 4: 21
	<u></u>	<u> </u>		SECRETARY OF STATE
	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
535 CENTRAL ST PETERSBI	. AVENUE URG FL 33701	535 CENTRAL AVENUE ST PETERSBURG FL 33701-3	1703	
				L LEGARDIA AND LORIO NORTH COURT OCHIN CARIN CARIN CORRECTORIA CORRECTORIA CORRECTORIA CORRECTORIA CORRECTORIA
O Division I	No. of Decision	3. Mailing Address		
2. Principal Place of Business 3.		· Walling Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	de	City & State		4. FEI Number X Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
RAHDERT, GEORGE K				
	ral avenue		Street Addre	ss (P.O. Box Number is Not Acceptable)
	RSBURG FL 33701			
			City	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent as		egistered Agent signature req	
	· · · · · · · · · · · · · · · · · · ·	FILE NOW Make Check Paya	/!!! FEE IS \$50.0 ble to Departmen	at of State
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES Spacing Member Change SXAdditto
TITLE NAME		☐ Delete		Kanaging Member □ Chango KXAdditto Heorge K. Rahdert
STREET ADDRESS			STREET ADDRESS 5	35 Central Avenue
CFTY-8T-ZIP	· .		TITLE	t. Petersburg, FL 33701 Change Addition
NAME			NAME	^ /)
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS CITY-87-ZIP	$\mathcal{C}(\mathcal{C})$
TITLE		C Defets	TITLE	☐ Change ☐ Additto
MAME STREET ADDRESS	,		NAME STREET ACORESE	·
CITY-ST-ZIP	.,		CITY-ST-ZIP	
TITLE NAME		☐ Deleta ·	TITLE	Change Addition
STREET ADDRESS			STREET ADDRESS	1000031175911 -02/01/0001029023
CITY- ST- ZIP		Delete	TITLE	<u>*******5()_(3()</u> ************************************
MAME		سمور ت	MAIME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		!	NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-\$1-ZIP	
11. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption stated in same legal effect as ort as required by Ch	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the

TURE: UNINGIVATURE DAME OF SIGNING MANAGING MEMBER OF MANAGER Date Date Destrict & Phone #