

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008206

1. Entity Name  
LITTLE PEEPS, L.L.C.

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

802 LAKE VIEW  
TAMPA FL 33609

Mailing Address

802 LAKE VIEW  
TAMPA FL 33609-5309

2. Principal Place of Business

1511 S. Dale Mabry

3. Mailing Address

1511 S. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL 33629

City & State

Tampa, FL

4. FEI Number

59-361-7670

Applied For

Not Applicable

Zip

33629

Country

Zip

33629

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, JONATHAN S  
101 EAST KENNEDY BLVD., SUITE 3700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Ashley T. Moran

Street Address (P.O. Box Number is Not Acceptable)

802 South Lakewood Rd

City

Tampa

FL

Zip Code

33629

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

Ashley T. Moran

6.6.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Patti W. Thomas 3108 W. Bay Villa Ave Tampa FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Clay O. Thomas 3108 W. Bay Villa Ave Tpa FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ashley T. Moran 802 S. Lakewood Rd Tampa FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ashley T. Moran Kevin S. Moran 802 S. Lakewood Rd Tampa FL 33609	<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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

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:

PATTI W. THOMAS

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

5/18/00

Date

(813) 250-0044

Daytime Phone #