

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008299

1. Entity Name
SR PROPERTIES, LLC

FILED

01 MAR 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

Mailing Address
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301



2. Principal Place of Business
3901 St. Lucie Blvd.
Suite, Apt. #, etc.

3. Mailing Address
725 East 40th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUH

City & State
Fort Pierce, FL

City & State
Holland, MI

4. FEI Number 65-1063533

Applied For
Not Applicable

Zip
34946

Country
USA

Zip
49423

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Thomas B. Slikkers

Street Address (P.O. Box Number is Not Acceptable)
3901 St. Lucie Blvd.

City
Fort Pierce

FL

Zip Code
34946

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 3/6/01

(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	MGRM RINGWELSKI, SUSAN 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301	<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	MGRM Ringwelski, Susan 1784 S. Shore Drive Holland, MI 49423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Slikkers, Thomas B. 3901 St. Lucie Blvd. Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Slikkers, Robert L. 6553 Creekwood Avenue Holland, MI 49423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Slikkers, David A. 13 Carousel Lane Holland, MI 49423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003888435-4 -03/20/01--01078--009 *****50.00 *****50.00	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)