

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008401

1. Entity Name

THE WATERFRONT OF ANNA MARIA, L.L.C.

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 2126
513 KUMQUAT DRIVE
ANNA MARIA FL 34216

Mailing Address

P.O. BOX 2126
513 KUMQUAT DRIVE
ANNA MARIA FL 34216-2126

2. Principal Place of Business

111 BAY BLVD. S.,

3. Mailing Address

PO Box 4179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ANNA MARIA, FL.

City & State

ANNA MARIA, FL.

4. FEI Number

59-3610675

Applied For

Not Applicable

Zip

34216

Country

Zip

34216

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

BARNES, STEPHEN M
513 KUMQUAT DRIVE
ANNA MARIA FL 34216

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 ☐ Delete
NAME BARNES, STEPHEN M
STREET ADDRESS P.O. BOX 2126
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE ☐ Change ☐ Addition
NAME 800003118928--7
STREET ADDRESS -02/01/00--01100--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME BARNES, VIVIANNE
STREET ADDRESS P.O. BOX 2126
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

SIGNATURE (STEPHEN M) BARNES

1/19/00

941-778 0745