

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009071

1. Entity Name

Stockingbrook Properties, LLC

FILED

00 APR 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1640 Lis court Drive
Venice, FL 34292

Mailing Address
1640 Lis court Drive
Venice, FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968880

Applied For
Not Applicable

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

Lindsay Macarthur
1640 Lis court Dr.
Venice, FL 34292

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Lindsay Macarthur
1640 Lis court Drive
Venice, FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003219557-0
-04/24/00--01023--016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Warrene S. Macarthur
1640 Lis court Drive
Venice, FL 34292 ☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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 OR MANAGER
Lindsay Macarthur

4/4/00

(941) 484-6076

Date

Daytime Phone #

CR2E083 (11/99)