

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000009186

1. Entity Name

STAED ISLAND HOUSE, L.L.C.

00 APR -6 AM 10: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2001 S. Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7218

Suite, Apt. #, etc.

City & State

Daytona Beach Shores

City & State

Daytona Beach Shores

Zip

32118

Country

U.S.A.

Zip

32116

Country

U.S.A.

4. FEI Number

59-3617466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Random R. Burnett

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

501 N. Grandview Avenue, Third Floor East

City

Daytona Beach

FL

Zip Code

32118

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

General Partner ☐ Change ☒ Addition  
NAME Thomas W. Staed, MGR.  
STREET ADDRESS 2001 S. Atlantic Avenue  
CITY-ST-ZIP Daytona Beach Shores, FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

General Partner ☐ Change ☒ Addition  
NAME Barbara D. Staed MGRM.  
STREET ADDRESS 2001 S. Atlantic Avenue  
CITY-ST-ZIP Daytona Beach Shores, FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME 100003217581--1  
STREET ADDRESS -04/20/00--01110--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Thomas W. Staed MGR

Thomas W. Staed MGR. 3/1/00

(904) 257-0251

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

Date

Daytime Phone #

CR2E083 (11/99)