

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009222

1. Entity Name  
**FLAGSHIP COMMUNITIES, L.L.C.**

Principal Place of Business Address  
**430-B Royal Pines Pkwy.  
St. Augustine, FL 32092**

Mailing Address  
**430-B Royal Pines Pkwy.  
St. Augustine, FL 32092**

2. Principal Place of Business Address

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3614698**

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

**Randolph J. Wolfe  
One Tampa City Center  
201 North Franklin Street, Suite 2200  
Tampa, FL 33602**

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 **Manager** ☐ Delete  
NAME **David L. Lester**  
STREET ADDRESS **148 Bristol East Road**  
CITY-ST-ZIP **Bristol, VA 24202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800003298798--6**  
**-06/21/00--01047--005**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE **Manager** ☐ Delete  
NAME **Bryan L. Weber**  
STREET ADDRESS **430-B Royal Pines Pkwy.**  
CITY-ST-ZIP **St. Augustine, FL 32092**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. 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

**Bryan L. Weber**

Date

**(904) 940-9060**

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

Daytime Phone #