

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000213

1. Entity Name

CLEVELAND STREET, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

100 PIERCE STREET  
SUITE 1101  
CLEARWATER FL 33755

Mailing Address

100 PIERCE STREET  
SUITE 1101  
CLEARWATER FL 33755

2. Principal Place of Business

601 Cleveland St.

Suite, Apt. #, etc.

Suite 330

City & State

Clearwater, FL

Zip  
33755

Country  
USA

3. Mailing Address

601 Cleveland St.

Suite, Apt. #, etc.

Suite 330

City & State

Clearwater, FL

Zip  
33755

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607093  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, GERALD D  
100 PIERCE STREET  
SUITE 1101  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

same: Ellenburg, Gerald D.

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

601 Cleveland St.

Suite 330

City

Clearwater

FL

Zip Code

33755

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

27 Sept 2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ELLENBURG, GERALD  
100 PIERCE STREET, SUITE 1101  
CLEARWATER FL 33755  
☐ Delete  
601 Cleveland St.  
Suite 330

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
0000003417320-0  
-10/06/00-01/13-013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

TITLE  
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CITY - ST - ZIP  
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CITY - ST - ZIP  
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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 REQUIRED

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

27 Sept 2000

Date

727-469-8900

Daytime Phone #

CR2E083 (5/00)