

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001337

1. Entity Name
BUCKINGHAM, L.L.C.

Principal Place of Business
7400 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
7400 SOUTH TAMiami TRAIL
SARASOTA FL 34231

FILED

01 MAR -5 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

Sarasota FL

Zip

Country

34231

Country

USA

4. FEI Number 73-1561321

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

MERRITT, CAROLANN
7400 SOUTH TAMiami TRAIL
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTROUSKAS

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

5900 S. TAMiami TRAIL

SUITE I

City Sarasota

FL

Zip Code 34231

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 *Catherine L. Astrouskas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☒ Addition

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☐ 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:

Carolann Merritt

3/6/01 941-923-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)