

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000279

1. Entity Name  
STELLAR INVESTMENTS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

Principal Place of Business  
HAMILTON BANK BLDG.  
2203 N. LOIS AVE., 9TH FLOOR  
TAMPA FL 33607

Mailing Address  
HAMILTON BANK BLDG.  
2203 N. LOIS AVE., 9TH FLOOR  
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Hamilton Bank Bldg.  
Suite, Apt. #, etc.  
2203 N. Lois Avenue, 9th Flr

3. Mailing Address  
Hamilton Bank Bldg.  
Suite, Apt. #, etc.  
2203 N. Lois Ave, 9th Floor

City & State  
Tampa, FL  
Zip  
33607

Country  
USA

City & State  
Tampa, FL  
Zip  
33607

Country  
USA

4. FEI Number  
75-2700661

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVORELLI, FRANK  
5310 CYPRESS CENTER DRIVE  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name  
Savorelli, Frank  
Street Address (P.O. Box Number is Not Acceptable)  
2203 N. Lois Avenue  
9th Floor  
City Tampa FL Zip Code 33607

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 FRANK SAVORELLI

Frank Savorelli

10-6-00

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/MANAGERS

TITLE MGR  
NAME SAVORELLI, FRANK  
STREET ADDRESS 5310 CYPRESS CENTER DRIVE  
CITY-ST-ZIP TAMPA FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Savorelli, Frank  
STREET ADDRESS 2203 N. Lois Avenue, 9th Floor  
CITY-ST-ZIP Tampa, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
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:

SIGNATURE REQUIRED

10-6-00

Date

(813) 286-1117

Daytime Phone #

CR2E083 (5/00)