

2000 UNIFORM BUSINESS REPORT (UBR)

0009435 AF

DOCUMENT # M97000000620

1. Entity Name
STORGARD DEVELOPMENT, LLC

APPROVED
AND
FILED

00 APR 21 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1700 BEN FRANKLIN #8D
SARASOTA FL 34236

Mailing Address

1700 BEN FRANKLIN #8D
SARASOTA FL 34236-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1072089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTAUARIA, JES
1700 BEN FRANKLIN DRIVE #8D
SARASOTA FL 34236

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 NAME MGR
STREET ADDRESS SANTAUARIA, J E
CITY- ST- ZIP 647 MASSACHUSETTS STREET SUITE 400X
LAWRENCE KS 66044

TITLE NAME 1628 PRESTWICK DRIVE
STREET ADDRESS P.O. Box 1753
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS 100003245701--1
CITY- ST- ZIP -05/09/00--01123--016

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP *****50.00

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

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

4-17-00

785-749-0000

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

Date

Daytime Phone #

CR2E063 (9/99)