

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0030125
AF

DOCUMENT # M98000000338

1. Entity Name
BARCLAY HOLDINGS X, L.L.C.

01 MAY -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8145 N. 86TH PLACE
SCOTTSDALE AZ 85258

Mailing Address

8145 N. 86TH PLACE
SCOTTSDALE AZ 85258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0952238

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

HUDOBA, STEPHEN M

101 E. KENNEDY BLVD., SUITE 3700

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

000004302960--2
-05/23/01--01105--028
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COLA, DAVID S
STREET ADDRESS 1123 OVERCASH DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE MGR ☐ Delete
NAME ARCHER, SCOTT T
STREET ADDRESS 8145 N. 86TH PLACE
CITY-ST-ZIP SCOTTSDALE AZ 85258

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)