

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013848 AF

DOCUMENT # M98000000428

1. Entity Name
WYNNTON SARASOTA II SUB, LLC

00 APR 18 PM 12: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1430 WYNNTON ROAD
COLUMBUS GA 31906

Mailing Address
1430 WYNNTON ROAD
COLUMBUS GA 31906-2922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MEM

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2386932

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

TARKOW, STANLEY A ESQ.
511 BAY STREET, SUITE 410
TAMPA FL 33606

Name

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

511 Bay Street, Suite 309
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
STREET ADDRESS
CITY- ST- ZIP
MGRM
WYNNTON CAPITAL PARTNERS, L.P.
1430 WYNNTON ROAD
COLUMBUS GA 31906 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003238718--7 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
-05/03/00--0115-023 Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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:

SIGNATURE REQUIRED Robert M. Schiffman 3/24/00 706 322 2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)