

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000665

1. Entity Name

SOUTH BAY/NAPLES, L.L.C.

Principal Place of Business

3301 WESTEND AVENUE, SUITE 200
NASHVILLE TN 37203

Mailing Address

3301 WESTEND AVENUE, SUITE 200
NASHVILLE TN 37203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1742604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, ROBERT L
2655 MCCORMICK DR.
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

John Carter

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

3105 Bay Oaks Ct

City

Tampa

FL

Zip Code

33629

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)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
CARTER, MARC L
STREET ADDRESS 3301 WESTEND AVENUE, SUITE 200
CITY-ST-ZIP NASHVILLE TN 37203

TITLE NAME MGRM ☐ Delete
HASTON, HARRIS C
STREET ADDRESS 3301 WESTEND AVENUE, SUITE 200
CITY-ST-ZIP NASHVILLE TN 37203

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 Carter

8/17/01

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CR2E083 (5/01)

STAPLE CHECK HERE