

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000809

1. Entity Name
FLORIDA (OLDSMAR) REAL ESTATE INVESTMENT PROPERT

Principal Place of Business
2217 STANTONSBURG ROAD
GREENVILLE NC 28734

Mailing Address
P.O. BOX 566
GREENVILLE NC 27835

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

59-2095115

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

THOMAS, DON

281 EAST DOUGLAS ROAD

OLDSMAR FL 34677

change of address only

Name

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

148A NORTH DUNBAR

OLDSMAR

City

FL

Zip Code

34677

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

Don Thomas

Don Thomas

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
MGR
TAFT, THOMAS F SR.
2217 STANTONSBURG ROAD
GREENVILLE NC 28734 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003745654-4...
-02/21/01--01083--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TAFT, E. HOOVER III
2217 STANTONSBURG ROAD
GREENVILLE NC 28734 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CASEY, FRANCIS J
2217 STANTONSBURG ROAD
GREENVILLE NC 28734 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STAFFORD, MARGIE B
2217 STANTONSBURG ROAD
GREENVILLE NC 28734 ☐ Delete

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

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

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☐ 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:

Thomas F. Taft, Sr

Thomas F. Taft, Sr

(252) 752-7101

2-5-01

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

Date

Daytime Phone #

0030362 AB

CR2E083 (1/00)

FILED

01 FEB 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE