

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001108

1. Entity Name

TYRONE PARK, L.L.C.

Principal Place of Business

Mailing Address

TYRONE VILLAGE MHP  
13618 N. FLORIDA AVE.  
TAMPA FL 33613

C/O MICHAEL S. HAY  
418 THIRD ST.  
ANNAPOLIS MD 21403

2. Principal Place of Business

13618 N. Florida Ave.

3. Mailing Address

418 Third St.

Suite, Apt. #, etc.

Lot 2

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Annapolis, Md.

Zip

33613

Country

USA

Zip

21403

Country

USA

4. FEI Number

52-2122103

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

MCINTYRE, RICHARD J ESQ  
2700 BARNETT PLAZA  
101 EAST KENNEDY BLVD  
TAMPA FL 33601

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  
Due By September 26, 2001

400004500104--3  
-07/26/01--01060--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
HAY, MICHAEL S  
~~1112 EASTERN AVE.~~  
ANNAPOLIS MD 21043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Same  
418 Third St.  
Annapolis, Md. 21403 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
MCCARTHY, JESSICA HAY  
~~724 HERMISE CREEK VIEW DRIVE~~  
ANNAPOLIS MD 21043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Same  
418 Third St.  
Annapolis, Md. 21403 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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

JESSICA H. MCCARTHY 7/20/01 410-268-4010

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE