

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90157 021 ****50.00

DOCUMENT # M99000000205

1. Entity Name

STANFORD LIMITED L.C.



Principal Place of Business

**30030 RICKEY LAND
WICKLIFFE OH 44092**

Mailing Address

**30030 RICKEY LAND
WICKLIFFE OH 44092**

2. Principal Place of Business

3. Mailing Address

2725 N. Virginia Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crystal River FL

Zip

Country

Zip

Country

34428 USA

4. FEI Number **34-1859446**

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

**FOSTER, CAROL D
2725 N. VIRGINIA ROAD
CRYSTAL RIVER FL 34428**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STANFORD-ALTHOFF, DOROTHY E
30030 RICKEY LAND
WICKLIFFE OH 44092** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STANFORD-GASPARD, DOROTHY E.
4937 JODY LYNN DR
MENTOR, OH 44060-1314** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FOSTER, CAROL D
2725 N. VIRGINIA ROAD
CRYSTAL RIVER FL 34428** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FOSTER, WILLIAM T
2725 N. VIRGINIA ROAD
CRYSTAL RIVER FL 34428** ☐ Delete

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

TITLE
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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: Carol D. Foster **REQUIRED** **CAROL D. FOSTER** **3/3/03** **352 563-2114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0071103

CR2E083 (10/02)