

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016391 AB

DOCUMENT # M99000000265

1. Entity Name  
GABRIEL'S LANDING, L.L.C.

00 JUL 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5050 GABRIEL'S LANDING ROAD  
OXFORD MD 21654

Mailing Address  
5050 GABRIEL'S LANDING ROAD  
OXFORD MD 21654-1727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 52-2136500  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

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)

300003385753-1  
-07/25/00--01086--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SMITH, BARRY D 5050 GABRIEL'S LANDING ROAD OXFORD MD 21654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SMITH, MARSHA D 5050 GABRIEL'S LANDING ROAD OXFORD MD 21654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *MARSHA D. SMITH* MARSHA D. SMITH 7/13/00 410-819-0395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)