

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001454

1. Entity Name

TAMPA-SHELDON II LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business

147 OLD ISLAND ROAD, SUITE 210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401

Mailing Address

147 OLD ISLAND ROAD, SUITE 210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

147 Old Solomons Island Road

3. Mailing Address

147 Old Solomons Island Rd.

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Annnapolis, MD

City & State

Annnapolis, MD

Zip

21401

Country

US

Zip

21401

Country

US

4. FEI Number

52-2205976

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFF, GORDON J ESQ.
400 N. TAMPA STREET
SUITE 2300
TAMPA FL 33602

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)

DATE

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

ny 3/20/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM LEWIS, DAVID R Solomons ☐ Delete
STREET ADDRESS 147 OLD ISLAND ROAD, SUITE 210
CITY - ST - ZIP ANNAPOLIS MD 21401

TITLE NAME 100003177801-013 ☐ Change ☐ Addition
STREET ADDRESS -03/21/00--01084--013
CITY - ST - ZIP *****50.00 *****50.00

TITLE NAME MGRM GUY, BRETT Solomons ☐ Delete
STREET ADDRESS 147 OLD ISLAND ROAD, SUITE 210
CITY - ST - ZIP ANNAPOLIS MD 21401

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

TITLE NAME MGRM MARTIN, GREGG ☐ Delete
STREET ADDRESS 1121 EAST GARRISON BLVD.
CITY - ST - ZIP GASTONIA NC 28054

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

President of Osprey (member) 1-19-00 410-224-0100

CR2E083 (9/99)