

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013624 AF

DOCUMENT # M99000001455

1. Entity Name
TAMPA-SHELDON LLC

00 APR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
147 OLD SOLOMONS ISLAND ROAD, STE.210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401

Mailing Address
147 OLD SOLOMONS ISLAND ROAD, STE.210
C/O OSPREY PROPERTY GROUP LLC
ANNAPOLIS MD 21401-0910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2173332

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME LEWIS, DAVID R
STREET ADDRESS 147 OLD SOLOMONS ISLAND ROAD, STE.210
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE MGRM
NAME GUY, BRETT
STREET ADDRESS 147 OLD SOLOMONS ISLAND ROAD, STE.210
CITY-ST-ZIP ANNAPOLIS MD 21401

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/17/2000

Date

410-224-0100

Daytime Phone #

CR2E083 (9/99)