

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001593

1. Entity Name
SP-PORT CHESTER, LLC

APPROVED
AND
FILED

01 APR 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15 EAST NORTH STREET
DOVER DE 19801

Mailing Address
15 EAST NORTH STREET
DOVER DE 19801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3638642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee/Required

6. Name and Address of Current Registered Agent

LEACH, PETER
% SOUTHPORT FINANCIAL SERVICES
3000 GULF-TO-BAY BOULEVARD, SUITE 300
CLEARWATER FL 33759

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

100004161961--9
-05/08/01--01058--025
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAGE, J. DAVID
1911-65TH AVENUE WEST
TACOMA WA 98466 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-01

CP2E083 (11/00)