

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009380 AF

DOCUMENT # M99000001814

1. Entity Name  
CORNERSTONE CONSULTING, LLC

00 MAY 22 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1424 STATE STREET  
SARASOTA FL 34236

Mailing Address  
1424 STATE STREET  
SARASOTA FL 34236-5729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4955 CYPRESS TRACE  
Suite, Apt. #, etc.

3. Mailing Address  
4955 CYPRESS TRACE  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number 65-0911056

Applied For  
Not Applicable

Zip 33624 Country USA

Zip 33624 Country USA

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

## 6. Name and Address of Current Registered Agent

DORSETT, STEPHEN M  
4955 CYPRESS TRACE DRIVE  
TAMPA FL 33624

## 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN M. DORSETT 4955 CYPRESS TRACE TAMPA, FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MARGARET L. DORSETT</del> <del>4955 CYPRESS TRACE</del> <del>TAMPA, FL 33624</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM MARGARET L. DORSETT 4955 CYPRESS TRACE TAMPA FL 33624	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003282737-3 06/09/00 01056-012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: STEPHEN M. DORSETT SIGNATURE REQUIRED

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

4-1-00 813.265.1070  
Date Daytime Phone #

CP2E083 (9/19)