

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00174**

1. Entity Name

CALUMET PROPERTIES, L.C.

Principal Place of Business

**4600 CITATION LANE
SARASOTA FL 34233**

Mailing Address

**2033 MAIN STREET, SUITE 303
SARASOTA FL 34237**

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

65-0170472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABA, RICHARD D., ESQ.
2033 MAIN STREET
SUITE 303
SARASOTA FL 34237**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **GARVIN, FINLEY J**
STREET ADDRESS **12910 SHELBYVILLE ROAD, SUITE 211**
CITY-ST-ZIP **LOUISVILLE KY 40243**

TITLE **MGR** ☐ Delete
NAME **HENDERSON, J. SHERMAN III**
STREET ADDRESS **12910 SHELBYVILLE ROAD, SUITE 211**
CITY-ST-ZIP **LOUISVILLE KY 40243**

TITLE **MGR** ☐ Delete
NAME **SHURBOT, WALTOR D**
STREET ADDRESS **10919 HOBBS STA. ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **GARVIN, FINLEY J**
STREET ADDRESS **80 POINTE LANE**
CITY-ST-ZIP **PROSPERITY SC 29127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **200003623612--1**
-02/02/01--01007--004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *******50.00**

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

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

TITLE ☐ Change ☐ Addition
NAME
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 **Finley J. Garvin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-01
Date

803-364-8229
Daytime Phone #

FILED

01 JAN 25 PM 4:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)