

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90075 031 ****50.00

DOCUMENT # Z00174

1. Entity Name

CALUMET PROPERTIES, L.C.

Principal Place of Business

**4800 CITATION LANE
 SARASOTA FL 34233**

Mailing Address

**2000 MAIN STREET, SUITE 300
 SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

80 Pointe Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Prosperity SC

4. FEI Number

65-0170472

Applied For

Not Applicable

Zip

Country

29127

Country

USA

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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, WALTER 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

3-14-02 803-364-8229

CR2E083 (9/01)