

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0047457

**DOCUMENT # L00000010786**

1. Entity Name

**AMBLESIDE, L.L.C.**

03-07-2002 90038 035 \*\*\*\*\*55.00

Principal Place of Business

P.O. BOX 999  
 2 POND'S EDGE DR.  
 CHADDS FORD PA 19317

Mailing Address

P.O. BOX 999  
 2 POND'S EDGE DR.  
 CHADDS FORD PA 19317

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

**APPLIED FOR**  
**23-3054056**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDYWINE FINANCIAL SERVICES CORPORATION**  
**2631 - 2637 MCCORMICK DR.**  
**CLEARWATER FL 33759**

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

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**MOORE, BRUCE E**  
**PO BOX 999**  
**CHADDS FORD PA 19317**

☐ Delete

TITLE  
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☐ 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 REQUIRED**

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

Date

Daytime Phone #

**FEB - 8 2002**

CR2E083 (9/01)

*Attachment*

*826416*

*#L00000010786*

**Brandywine Financial Services Corporation**

**P.O. Box 999**

**Chadds Ford, PA 19317**

**(610) 388-9600**

February 18, 2002

Limited Liability Company

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314-6327

Re: Ambleside, LLC  
#L00000010786  
2002 Florida Uniform Business Report

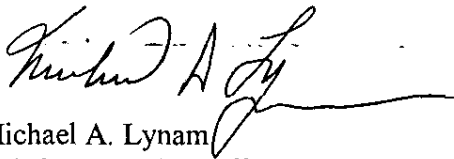
Via Certified Mail  
Return Receipt Requested  
7001 2510 0007 5598 8633

Gentlemen:

Enclosed please find the 2002 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam  
Chief Accounting Officer

MAL:dd

Enclosures