

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003895**

1. Entity Name

315 NASA BOULEVARD, L.L.C.

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

205 E NASA BLVD  
MELBOURNE FL 32901

Mailing Address

205 E NASA BLVD  
MELBOURNE FL 32901-1937

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

59-3586399

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD  
SUITE 505  
MELBOURNE FL 32901

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

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME MGR  
STREET ADDRESS HYNES, RICHARD A MD  
CITY-ST-ZIP 205 E NASA BLVD  
MELBOURNE FL 32901

TITLE  Change  Add  
NAME  
STREET ADDRESS 400003118314  
CITY-ST-ZIP -02/01/00--01062--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
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STREET ADDRESS  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Add  
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 REQUIRED**

1/20/00 (321) 723-0732

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

Date

Daytime Phone #