

2000 UNIFORM BUSINESS REPORT (UBR)

001463 AF

DOCUMENT # L99000007163

1. Entity Name
PALM I, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business
156 SAND DOLLAR LANE
SARASOTA FL 34242

Mailing Address
156 SAND DOLLAR LANE
SARASOTA FL 34242-1336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

ROBERT TRAPIUNGA
156 SAND DOLLAR LA. MGR
SARASOTA FLA 34242

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500003368195--3
-08/23/00--01021--016
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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

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

Date

Daytime Phone #

8-4-00

941 3462500

CR2E083 (9/99)