

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008677

## DOCUMENT #

1. Entity Name  
209 TEQUESTA BUILDING, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR - 1 AM 10: 55

Principal Place of Business Mailing Address  
196 TEQUESTA DRIVE  
TEQUESTA, FL 33469

2. Principal Place of Business 196 TEQUESTA DR.  
3. Mailing Address 196 TEQUESTA DR.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TEQUESTA FL City & State TEQUESTA FL  
4. FEI Number 145-46-3449 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required  
Zip 33469 Country USA Zip 33469 Country USA

6. Name and Address of Current Registered Agent  
JOHN M. ZUCCARELLI III  
104 LIGHTHOUSE DR.  
JUPITER INLET COLONY, FL 33469

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	JOHN M. ZUCCARELLI III <input type="checkbox"/> Delete PRESIDENT PARTNER 104 LIGHTHOUSE DR. JUPITER INLET COLONY, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition mf 3/14/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003173443-0 -03/17/00--01013--007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/25/00 661-748-9983  
Date Daytime Phone #

CR2E083 (11/99)