

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003796

1. Entity Name

PALM BEACH GARDNES PROFESSIONAL BUILDING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 16 PM 12:20

Principal Place of Business

18869 SE WINDWARD ISLAND LANE
JUPITER FL 33458

Mailing Address

18869 SE WINDWARD ISLAND LANE
JUPITER FL 33458-1117



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

65-0928406

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

DAVIS, RICHARD T ESQUIRE
250 AUSTRALIAN AVENUE SOUTH, STE. 1601
WEST PALM BEACH FL 33401

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

mf 2/24/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
CELEDINAS, RAY S
18869 SE WINDWARD ISLAND LANE
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003152073--4
-02/29/00--01084--010
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
CELEDINAS, KIM R
18869 SE WINDWARD ISLAND LANE
JUPITER FL 33458 ☐ Delete

TITLE
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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: *X*

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

Ray S. Celedinas

Date

2-11-00

Daytime Phone #

(561) 622-2550

CR2E083 (9/99)