

2001 UNIFORM BUSINESS REPORT (UBR)

0014563 AF

DOCUMENT # L00000011342

1. Entity Name
SG NEWPORT LLC

FILED

01 MAY -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5000 T-Rex Ave.

3. Mailing Address

5000 T-Rex Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 150

Ste. 150

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

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

SIEGEL, NED L

5000 BLUE LAKE DRIVE, SUITE 150

BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

5000 T-Rex Ave. Ste. 150

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)

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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-05/31/01--01008--018
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
NED L. SIEGEL
5000 T-Rex Ave. Ste. 150
Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

Ned L Siegel
Ned L Siegel

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

Date

Daytime Phone #

4/26/01 (561) 998-9200

CR2E083 (11/00)