

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-18-2002 90013 010 *****50.00

DOCUMENT # L00000003207

1. Entity Name

REAL ESTATE ACQUISITIONS & DISPOSALS L.L.C.

Principal Place of Business

20203 BACK NINE DRIVE
BOCA RATON FL 33498

Mailing Address

P.O. BOX 880506
BOCA RATON FL 33488

24775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

650 992 109
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLANCY, BRIAN G
20203 BACK NINE DRIVE
CORAL GABLES FL 33498

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CLANCY, BRIAN G
STREET ADDRESS 20203 BACK NINE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE MGR
NAME CLANCY, URSULA G
STREET ADDRESS 20203 BACK NINE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

[Signature] **SIGNATURE REQUIRED**

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

3/5/12 56-859-7300

Date

Daytime Phone #

CR2E083 (9/01)