

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000134

1. Entity Name
VON BULOW REALTY, L.L.C.

FILED

01 MAY -3 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2285 EAST S.R. 100, SUITE 105
BUNNELL FL 32110

Mailing Address
2285 EAST S.R. 100, SUITE 105
BUNNELL FL 32110



2. Principal Place of Business
2275 East Moody Blvd
Suite, Apt. #, etc.

3. Mailing Address
2275 East Moody Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bunnell, FL

City & State
Bunnell, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
32110 Flagler

Zip Country
32110 Flagler

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANFRE, JAMES L ESQ.
2285 E. STATE ROUTE 100, #105
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name
Leonard J. Fries
Street Address (P.O. Box Number is Not Acceptable)
2275 East Moody Blvd.
City
Bunnell, FL FL Zip Code
32110

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 Leonard J. Fries

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01
DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME FRIES, LEONARD J
STREET ADDRESS 2584 SOUTH OSPREY CIRCLE
CITY-ST-ZIP BEVERLY BEACH FL 32136 ☐ Delete

TITLE MGR
NAME CASSATA, ROSARIO
STREET ADDRESS 200 WEST MAIN STREET
CITY-ST-ZIP BABYLON NY 11702 ☐ 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
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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: Leonard J. Fries

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

5/1/01

386-437-3787

Date

Daytime Phone #

CR2E083 (11/00)

0001898 SP