

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000343

1. Entity Name

AIRPORT DEVELOPMENT GROUP, L.L.C.

Principal Place of Business

4-B OLD KINGS ROAD NORTH  
PALM COAST FL 32137

Mailing Address

4-B OLD KINGS ROAD NORTH  
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

CHIUMENTO, MICHAEL D  
4-B OLD KINGS ROAD NORTH  
PALM COAST FL 32137

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM BARR, ART  
STREET ADDRESS P.O. BOX 220  
CITY-ST-ZIP FLAGLER BEACH FL 32136

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

TITLE NAME ☐ Delete  
MGRM CLINE, SAM  
STREET ADDRESS P.O. BOX 354425  
CITY-ST-ZIP PALM COAST FL 32135-4425

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

TITLE NAME ☐ Delete  
MGRM PALM COAST HOLDINGS, INC.  
STREET ADDRESS ONE CORPORATE DRIVE, SUITE 3  
CITY-ST-ZIP PALM COAST FL 32151-0001

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

TITLE NAME ☒ Delete  
MGRM LICHTER, VAL  
STREET ADDRESS P.O. BOX 352440  
CITY-ST-ZIP PALM COAST FL 32135-2440

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

TITLE NAME ☒ Delete  
MGRM LUPINACCI, NICK  
STREET ADDRESS P.O. BOX 567  
CITY-ST-ZIP BALDWIN PLACE NY 10505

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

TITLE NAME ☒ Delete  
MGRM MONTGOMERY, BOB  
STREET ADDRESS P.O. BOX 354587  
CITY-ST-ZIP PALM COAST FL 32135-4587

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB 12 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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