

2001 UNIFORM BUSINESS REPORT (UBR)

03/15/01
-4

DOCUMENT # L00000000958

1. Entity Name
901 EVERGLADES LLC

FILED

01 JAN 29 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**30-40 PECKS LANE
NEWTOWN CT 06470**

Mailing Address
**30-40 PECKS LANE
NEWTOWN CT 06470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2540239

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

**DYAL, J. PATRICK
% ROGERS, MORRIS & ZIEGLER
1401 EAST BROWARD BOULEVARD, SUITE 300
FORT LAUDERDALE FL 33301**

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 Delete
NAME **Managing Member**
STREET ADDRESS **Ronald N. Jones**
CITY-ST-ZIP **30-40 Pecks Lane
Newtown, CT 06470**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Member**
STREET ADDRESS **Helene E. Jones Trust, dated 8/1/91**
CITY-ST-ZIP **30-40 Pecks Lane
Newtown, CT 06470**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Member**
STREET ADDRESS **Helene E. Jones**
CITY-ST-ZIP **30-40 Pecks Lane
Newtown, CT 06470**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**800003601408--4
-01/30/01--01081025
*****50.00 *****50.00**

TITLE Delete
NAME **Member**
STREET ADDRESS **Betty Lee Clements**
CITY-ST-ZIP **30-40 Pecks Lane
Newtown, CT 06470**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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 606, Florida Statutes.

SIGNATURE: **Ronald N. Jones, Managing Member** *[Signature]* 01/17/01 (203) 270-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)