

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008962 AF

DOCUMENT # L00000001854

1. Entity Name  
NORMANDY HOLDINGS, LLC

FILED

01 APR 12 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE FL 33133

Mailing Address  
308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0986078

Applied For

Not Applicable

Zip

Country

Zip

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

CRONIG, STEVEN C  
~~308~~ CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE FL 33133

Name

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

307 CONTINENTAL PLAZA

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/2001

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete  
NAME DANA BOLMAN  
STREET ADDRESS 3250 MARY STREET, SUITE 308  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 800004036788--2  
CITY-ST-ZIP -04/20/01--01127--012

TITLE MEMBER ☐ Delete  
NAME DAREN SCHWARTZ  
STREET ADDRESS 3250 MARY STREET, SUITE 308  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEMBER ☐ Delete  
NAME IRLA LUCIA SUKOFF M/W  
STREET ADDRESS 3250 MARY STREET, SUITE 308  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE MANAGER/MEMBER ☐ Delete  
NAME NORMANDY HOLDINGS MANAGER, INC.  
STREET ADDRESS 3250 MARY ST. #308  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-01 (305) 241-0600

CR2E083 (11/00)