

# 2001 UNIFORM BUSINESS REPORT (UBR)

001514 AF

DOCUMENT # L00000002131

1. Entity Name  
PINE FIDELITY TRUST, LLC

FILED

01 FEB 19 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH FL 33461-6606

Mailing Address  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH FL 33461-6606

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

65-0990432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUKIN, ROGER  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH FL 33461-6606

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

600003745606--2  
-02/21/01--01081--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete  
NAME JAMES B. RUKIN, REVOCABLE TRUST 5/7/96  
STREET ADDRESS 2328 10TH AVE NORTH, SUITE 403  
CITY-ST-ZIP LAKE WORTH, FL 33461-6606

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

TITLE MEMBER ☐ Delete  
NAME JULIA R. RUKIN, REVOCABLE TRUST 5/7/96  
STREET ADDRESS 2328 10TH AVE NORTH, SUITE 403  
CITY-ST-ZIP LAKE WORTH, FL 33461-6606

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

01/25/01

CR2E083 (11/00)