

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0027441

DOCUMENT # L00000002743

1. Entity Name

STAKE ASSOCIATES, LLC



FILED

03 APR -9 AM 7:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

405 U.S. HIGHWAY ONE, SUITE 107
NORTH PALM BEACH FL 33408

Mailing Address

405 U.S. HIGHWAY ONE, SUITE 107
NORTH PALM BEACH FL 33408

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

65-1022772

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

SCHEPPS, MITCHELL D ESQ.
777 S. FLAGLER DR., SUITE 1102W
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STAKE, ROGER D
405 HWY 1, STE 107
NO PALM BEACH FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
STAKE, BETTY L
405 HWY 1, STE 107
NO PALM BEACH FL 33408 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
200015560992
04/09/03--01068--005 **50.00 ☐ Change ☐ Addition

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☐ 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]* REQUIRED

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

Date

Daytime Phone #

4-12-03 861/863-4655

CR2E083 (10/02)