

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002749

1. Entity Name

FORT PIERCE MANAGEMENT, L.L.C.

Principal Place of Business

C/O WINDWARD PROPERTIES, LLC

~~101 OCEAN AVE SUITE 205~~

~~ORANGE BLOSSOM MAIL~~

Mailing Address

C/O WINDWARD PROPERTIES, LLC

~~101 OCEAN AVE SUITE 205~~

~~ORANGE BLOSSOM MAIL~~

see
Below

2. Principal Place of Business

4300 Okeechobee Road

Suite, Apt. #, etc.

Orange Blossom Mall

City & State

Ft. Pierce, Fl.

Zip

34947

Country

USA

3. Mailing Address

4300 Okeechobee Rd.

Suite, Apt. #, etc.

Orange Blossom Mall

City & State

Ft. Pierce, Fl.

Zip

34947

Country

USA

4. FEI Number

650976483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Norman Harrower III
4300 Okeechobee Rd
Orange Blossom Mall ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
☐ 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: *N. Harrower III*

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

Date

Daytime Phone #

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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