## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU!	MENT #	L0000	00002869				F	ILED	·	
POMPANO BEACH COASTAL RESORT, L.L.C.							OI MAY -	1 PH 5:	49	
				<u> </u>			SECRETA	RY OF STA	ΛŤΕ	
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
100 WEST CYPRESS CREEK RD. STE 700 100 WEST CYPRESS CRE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 3330					STE 700					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3. Mailing Address  Suite, Apt. #, etc.  City & State							
							DO NOT WRITE IN THIS SPACE			
							4. FEI Number Applied For Not Applied For			
Zip	Cou	ntry .	Zip	- Cour	ntry	5. Certif	icate of Status Desired		.00 Addi	itional
	6. Name and A	ddress of Current	Registered Agent			7. Name	and Address of New	Registered Age	ent	
					Name					
BLODIG, GREGORY J 100 WEST CYPRESS CREEK RD, STE 700					Street Addr	ress (P.O. Box N	umber is Not Acceptab	le)		
	ERDALE FL 33309									
					City			FL	Zip Code	•
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	named entity subm	its this statement fo	or the purpose of changin	na its leaister	ed office or rec	gişteren agent, t				
3. The above	named entity subm	its this statement fo	or the purpose of changin	ng its egister	ed office or reg	gistered agent, t				
SIGNATURE _								DATE		
SIGNATURE _		its this statement fo	and title if applicable.	(NOTE Registere	ed Agent signature re	equired when reinstation			· · · · · · · · · · · · · · · · · · ·	<del></del>
SIGNATURE _			and title if applicable.	(NOTE Registere	d Agent signature re	equired when reinstation				
SIGNATURE _	Signature, typed or printed	i name of registered agent a	and title if applicable. FILE Make Check	(NOTE Registere	d Agent signature re	equired when reinstation	.ic)			
SIGNATURE _	Signature, typed or printed	I name of registered agent a	and title if applicable.  FILE  Make Check  ERS/MEMBERS	(NOTE Registere E Nr. W!!! k Parable t	FEE IS \$50	equired when reinstation	ADDITIONS	DATE	] Change	☐ Addition
SIGNATURE _  9.  TITLE NAME	Signature, typed or printed	I name of registered agent a  MANAGING MEMBE  Greens Pool  Press Cree	ERS/MEMBERS  Make Check  Make Check  A Delete	(NOT Registers  E N. W!!!  k Pa rable t	FEE IS \$50 to Departme	equired when reinstation	.ic)	DATE	Change	Addition
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Daytime Phone #