

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L00000003344

01 AUG 24 PM 12:17

1. Entity Name

CHASE MEADOWS, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3201 CARDINAL DR., 2ND FL
VERO BEACH FL 32961-2062

Mailing Address

3201 CARDINAL DR., 2ND FL
VERO BEACH FL 32961-2062

2. Principal Place of Business

280 Marietta St.

3. Mailing Address

280 Marietta St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood Cliffs NJ

City & State

Englewood Cliffs NJ

Zip 07632

Country USA

Zip 07632

Country USA

4. FEI Number

65-0995809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, THOMAS R
2081 E. OCEAN BLVD., 2ND FL
STUART FL 34996

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

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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

8-20-01

201-503-9730

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

Date

Daytime Phone #

CR2E083 (5/01)

SIMPLE CHECK HERE