

2001 UNIFORM BUSINESS REPORT (UBR)

0011914 AF

DOCUMENT # L00000004059

1. Entity Name
GEORGE TRAUN RIVER, LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O CARA EBERT CAMERON, P.A.
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308

Mailing Address
C/O CARA EBERT CAMERON, P.A.
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308



2. Principal Place of Business
2447 E. Sunrise Blvd
Suite, Apt. #, etc.

3. Mailing Address
2447 E. Sunrise Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, Florida
Zip
33304
Country
Broward

City & State
Ft. Lauderdale, Florida
Zip
33304
Country
Broward

4. FEI Number
65-0997634

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, CARA EBERT
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308

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 _____ (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	Georg Schu, President 1232 NE 16 Ter. Fort Lauderdale, Fl. 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Susanne Schu 1232 NE 16 Ter. Fort Lauderdale, Fl. 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-01-01 (954) 630-8058

CR2E083 (11/00)