

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016187 AF

DOCUMENT # L00000004201

1. Entity Name

SEREN CLAER, LLC

FILED

01 MAY -1 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

17775 COVEY TRAIL  
BOCA RATON FL 33487

Mailing Address

17775 COVEY TRAIL  
BOCA RATON FL 33487

2. Principal Place of Business

1934 Seclusion Dr

3. Mailing Address

1934 Seclusion Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

Country

32124

Zip

Country

32124

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARETOS, MARGARET D  
17775 COVEY TRAIL  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Margaret D. Haretos

Street Address (P.O. Box Number is Not Acceptable)

1934 Seclusion Dr

City Daytona Beach

FL

Zip Code

32124

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 Margaret D Haretos

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

4/26/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
HARETOS, MARGARET D  
STREET ADDRESS 17775 COVEY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE NAME MGR  
JONES, ROGER H  
STREET ADDRESS 17775 COVEY TRAIL  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS 1934 Seclusion Dr  
CITY-ST-ZIP Daytona Beach, FL 32124

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STREET ADDRESS 1934 Seclusion Dr  
CITY-ST-ZIP Daytona Beach, FL 32124

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Margaret D Haretos

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

Date

Daytime Phone #

4/26/01

CR2E083 (11/00)