

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004370

1. Entity Name

GRAPEVIEW NORTHLAKE LLC

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90152 001 ***250.00

10923



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O BOOSE CASEY CIKLIN ETAL
515 NORTH FLAGLER DR 19TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address
C/O BOOSE CASEY CIKLIN ETAL
515 NORTH FLAGLER DR 19TH FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1010040

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, GEORGE T
2350 SOUTH CONDRESS AVE
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)
2101 S. Congress Ave.

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

1-22-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ELMORE, GEORGE T
2350 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2101 S. Congress Ave.

☒ Change ☐ Addition

TITLE
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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 of George T. Elmore

GEORGE T. ELMORE, 1-22-2002 561-278-0456

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

Date

Daytime Phone #

CR2E083 (9/01)