

2001 UNIFORM BUSINESS REPORT (UBR)

0024517 AF

DOCUMENT # L00000004968

1. Entity Name
CASTLETON PROPERTIES, LLC

FILED

01 MAY -1 PM 5: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4343 NW 61ST TERRACE
GAINESVILLE FL 32606

Mailing Address

4343 NW 61ST TERRACE
GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4343 NW 61 TER
Suite, Apt. #, etc.

3. Mailing Address

4343 NW 61 TER
Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

4. FEI Number

NONE YET

Applied For

Not Applicable

Zip

32606

Country

US

Zip

32606

Country

US

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

PRESIDENTIAL SERVICES INC.
1217 CAPE CORAL PKWY
CAPE CORAL FL 33904-9804

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 NO!!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
PATRICIA REYNOLDS
STREET ADDRESS 4343 NW 61 TER
CITY-ST-ZIP GVL, FL 32606

TITLE NAME ☐ Change ☐ Addition
400004272114-8
-05/18/01--01131--002
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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: *Patricia Reynolds* April 27, 2001 (352) 374-6568 (352) 333-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)