

201 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000007017

1. Entity Name

520 ROOSEVELT/PALM COAST, L.L.C.

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

11 CROSSBOW CT.
PALM COAST FL 32137

Mailing Address

11 CROSSBOW CT.
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

970 Christi Services of Palm Coast, FL INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3879669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE:

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTTOSON, WAYNE T
11 CROSSBOW CT.
PALM COAST FL 32137

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

300004036653-3
-04/20/01--01118--007
*****50.00 *****50.00

520 W. ROOSEVELT CORP. BY
WAYNE T. OTTOSON

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE VICE PRESIDENT
NAME WAYNE T. OTTOSON
STREET ADDRESS 11 CROSSBOW CT.
CITY-ST-ZIP PALM COAST FL. 32137

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE

01-12-01 904-446-5318

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

Date

Daytime Phone #

CR2E083 (11/00)