

2001 UNIFORM BUSINESS REPORT (UBR)

0016039 AF

DOCUMENT # L00000007366

1. Entity Name

POINCIANA PLACE, LLC

Principal Place of Business

1220 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address

P.O. BOX 83-2052
DELRAY BEACH FL 33483

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1017279

Applied For

Not Applicable

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

MOORE, W. RODGERS

4800 NORTH FEDERAL HIGHWAY, SUITE 210-A
BOCA RATON FL 33431

Name

William R. Seach

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

1220 South Ocean Boulevard
Delray Beach, FL 33483

City

FL

Zip Code

33483

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 *William R. Seach*
WILLIAM R. SEACH - REGISTERED AGENT

4-17-01

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME William R. Seach ☐ Delete MGRM
STREET ADDRESS 1220 South Ocean Boulevard
CITY-ST-ZIP Delray Beach, FL 33483

TITLE
NAME Marilyn G. Seach ☐ Delete MGR
STREET ADDRESS 1220 South Ocean Boulevard
CITY-ST-ZIP Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 *William R. Seach*
WILLIAM R. SEACH, MANAGING MEMBER

4-17-01

561-276-3122

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

Date

Daytime Phone #

CR2E083 (11/00)