

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008827

1. Entity Name
FOX ECKLOND, L.L.C.

FILED

01 APR 25 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
104 NW SPANISH RIVER BOULEVARD
BOCA RATON FL 33431

Mailing Address
104 NW SPANISH RIVER BOULEVARD
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6070 MONACO BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DELRAY BCH FL
Zip 33446 Country USA

City & State

4. FEI Number
65-1026711

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECKLOND, KIM
104 NW SPANISH RIVER BOULEVARD
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ECKLOND, KIM
STREET ADDRESS 104 NW SPANISH RIVER BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004163741--3
-05/08/01--01139--028
*****55.00 *****55.00

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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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: *Kimberly Ecklund*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/23/01 Daytime Phone # 561-498-8072

CR2E083 (11/00)