

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009558

1. Entity Name

DEROSE LEWIS PROPERTIES WATERCOLOR, LLC

Principal Place of Business

1102 WASHINGTON STREET  
MONROE COUNTY  
KEY WEST FL 33040

Mailing Address

1102 WASHINGTON STREET  
MONROE COUNTY  
KEY WEST FL 33040

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

65-1031443

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

LEWIS, RICHARD T  
1102 WASHINGTON STREET  
MONROE COUNTY  
KEY WEST FL 33040

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**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  
Manager  
Susan E. DeRose  
STREET ADDRESS  
1102 Washington Street  
CITY-ST-ZIP  
Key West, FL 33040 ☐ Delete

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
Manager  
Richard T. Lewis  
STREET ADDRESS  
1102 Washington Street  
CITY-ST-ZIP  
Key West, FL 33040 ☐ Delete

TITLE NAME  
☐ Change ☐ Addition  
300004616323-1  
-09/28/01-01043-019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Delete

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

Date

Daytime Phone #

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E083 (5/01)