

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000009758

1. Entity Name  
9719 LANTANA ROAD LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 19 PM 2:42

Principal Place of Business  
9719 LANTANA ROAD  
LAKE WORTH FL 33467

Mailing Address  
9719 LANTANA ROAD  
LAKE WORTH FL 33467



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1074032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STONE, ADELE I  
1946 TYLER STREET  
C/O ATKINSON DINER STONE  
HOLLYWOOD FL 33020

Name RAYMOND BOWDEN

Street Address (P.O. Box Number is Not Acceptable)  
132 SWEET BAY CIRCLE

City JUPITER

FL

Zip Code 33458

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME BOWDEN, RAYMOND R  
STREET ADDRESS 9719 LANTANA ROAD  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME HODGES, WILLIAM  
STREET ADDRESS 9719 LANTANA ROAD  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE  
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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:

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

Date

Daytime Phone #

CR2E083 (11/00)