

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004280 AF

DOCUMENT # L00000010448

1. Entity Name  
STONEBROOK MANAGEMENT, L.L.C.

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5555 WOODBINE ROAD  
PACE FL 32571

Mailing Address

5555 WOODBINE ROAD  
PACE FL 32571

2. Principal Place of Business

3200 COBBLESTONE DR  
Suite, Apt. #, etc.

3. Mailing Address

3200 COBBLESTONE DR  
Suite, Apt. #, etc.

City & State

PACE, FL

City & State

PACE, FLORIDA

4. FEI Number

59-3670666

Applied For

Not Applicable

Zip

32571

Country

U.S.

Zip

32571

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOK, HIRAM J JR

3200 COBBLESTONE DR  
PACE FL 32571

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 HIRAM J COOK, JR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004014552-4  
-04/18/01--01009--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME COOK, HIRAM J JR  
STREET ADDRESS 3027 GREYSTONE DRIVE  
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE MGR  
NAME DANIELS, CHARLES E  
STREET ADDRESS 3142 BOBBY JONES DRIVE  
CITY-ST-ZIP PACE FL 32571 ☐ Delete

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 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
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

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NAME  
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:

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

Date

Daytime Phone #

2/1/01 850-994-7171

CR2E083 (11/00)