

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014299

1. Entity Name

MCBRIDE MANAGEMENT, L.L.C.

FILED

01 MAR -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2300 GLADES ROAD  
STE 302E  
BOCA RATON FL 33431

2300 GLADES ROAD  
STE 302E  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6818 GOLF DRIVE

3. Mailing Address

6818 GOLF DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

Holmes Beach, FL

4. FEI Number

65-1056693

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

34217

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A  
2300 GLADES ROAD, STE 302E  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name ANN MCBRIDE

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

6818 GOLF DRIVE

City Holmes Beach

FL

Zip Code

34217

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

TITLE MGRM ☐ Delete  
NAME MCBRIDE, KENNETH W  
STREET ADDRESS 2300 GLADES ROAD, STE 302E  
CITY-ST-ZIP BOCA RATON FL

TITLE MGRM ☐ Delete  
NAME MCBRIDE, C. ANN  
STREET ADDRESS 2300 GLADES ROAD, STE 302E  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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 (1/1/00)