

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014401

1. Entity Name
STONEWOOD PRESTON, LLC

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
140 SOUTH ATLANTIC AVENUE, SUITE 300
ORMOND BEACH FL 32176

Mailing Address
140 SOUTH ATLANTIC AVENUE, SUITE 300
ORMOND BEACH FL 32176

2. Principal Place of Business
1080 DARRINGTON DRIVE
Suite, Apt. #, etc.

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

City & State
CARY, NC

City & State

Zip
27513 Country

Zip Country

4. FEI Number
59-3698316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAVANAUGH, CASEY M
215 N. EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

140 S ATLANTIC AVE SUITE 300
Ormond Beach FL Zip Code 32176

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

(NOTE: Registered Agent signature required when reinstating)

DATE
08/23/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMR
Stonewood Restaurant Group
140 S Atlantic Ave Suite 300
Ormond Beach, FL 32176 ☐ 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

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
500004562575--8
-08/29/01--01091--001
*****50.00 *****50.00

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

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]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE