

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014656

1. Entity Name

PREMIERE BUSINESS OFFICES, LLC

FILED

01 SEP 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

500 E BROWARD BLVD
18TH FLOOR
FT LAUDERDALE FL 33394

Mailing Address

500 E BROWARD BLVD
18TH FLOOR
FT LAUDERDALE FL 33394

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

45-1061577

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

BOWER, TANYA L ESQ
C/O TRIPP SCOTT PA
110 SE 6TH ST 15TH FLOOR
FT LAUDERDALE FL 33301

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 STREET ADDRESS CITY-ST-ZIP	managing Partner Peel Snorp 100 NE Wave Crest Ct Boca Raton, FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing Partner Richard J. Moore 1924 NE 31 Ave. Ft. Lauderdale, FL 33305	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner R. Scott Morrison 243 NE 5th Ave. Delray Beach, FL 33483	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Herbert Collin 445 Grand Bay Dr. Key Biscayne, FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Gerald Diamond 1713 S. Ocean Blvd. Delray Beach, FL 33483	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner R. Nicholas Diamond 9750 NW 39 Ct. Coral Springs, FL 33065	☐ Delete

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

8/3/01 954-332-2300

CR2E083 (5/01)

STAPLE CHECK HERE