

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014991

1. Entity Name

FAMILY PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 PM 1:30

Principal Place of Business

1505 FIFTH STREET
LAKE PLACID FL 33852

Mailing Address

1505 FIFTH STREET
LAKE PLACID FL 33852

9/28/01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1088004

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

RHOADES, CLIFFORD R ESQUIRE
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

Name

Deanna J. Sparks

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

1505 FIFTH ST.

City

LAKE PLACID

FL

Zip Code

33852

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

Deanna J. Sparks

10-4-01

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

000004636060--8
-10/15/01--01033--009
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME VICTOR HOWARD SPARKS
STREET ADDRESS 1505 FIFTH STREET
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Victor Howard Sparks

10-4-01

863-465-5481

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

Date

Daytime Phone #

CR2E083 (5/01)