

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015527

1. Entity Name

F.F. VERO BEACH, LLC

Principal Place of Business

% F.F. SOUTH & COMPANY, INC.  
6001 VINELAND ROAD, SUITE 111  
ORLANDO FL 32819

Mailing Address

% F.F. SOUTH & COMPANY, INC.  
6001 VINELAND ROAD, SUITE 111  
ORLANDO FL 32819

01 SEP 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

78 W. Church St.  
2nd Floor

3. Mailing Address

P.O. Box 3149



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

32801 Orange

Zip

32802-3149 Orange

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Barbara A Burke

BABARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

8-6-01

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

500004610605--5

09/25/01=01090=012

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Robert I Kling / President  
STREET ADDRESS P.O. Box 3149  
CITY-ST-ZIP Orlando FL 32801

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

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

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (5/01)

0002322

STAPLE CHECK HERE