

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015897

1. Entity Name

SUNTREE ENTERPRISES, L.L.C.

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90115 046 \*\*\*\*55.00

Principal Place of Business

Mailing Address

437 KIMBERLY DRIVE  
 MELBOURNE FL 32940

437 KIMBERLY DRIVE  
 MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685773

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

BAILEY, RONALD W  
 437 KIMBERLY DRIVE  
 MELBOURNE FL 32940

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM PRES & CEO  
 STREET ADDRESS RONALD W. BAILEY  
 CITY-ST-ZIP 437 KIMBERLY DR  
 MELBOURNE, FL 32940 ☐ Delete

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

TITLE NAME MGRM GEN MGR  
 STREET ADDRESS DOLORES A. BAILEY  
 CITY-ST-ZIP 437 KIMBERLY DR  
 MELBOURNE, FL 32940 ☐ Delete

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
 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 688, Florida Statutes.

SIGNATURE: *Ronald W. Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 DATE: 9-19-02  
 DAYTIME PHONE #: 321-253-1899

CR2E083 (4/02)