

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-22-2002 90093 013 ****50.00

DOCUMENT # L01000000787

1. Entity Name

STILWELL DEVELOPERS, LLC

Principal Place of Business

**5831 HAMILTON WAY
 BOCA RATON FL 33496**

Mailing Address

**5831 HAMILTON WAY
 BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-1089379

4. FEI Number

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

**BOB AGENT CO.
 2500 N. MILITARY TRAIL, STE. 480
 BOCA RATON FL 33431**

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER - MANAGING** ☐ Delete
 NAME **RICHARD SINGER**
 STREET ADDRESS **5831 HAMILTON WAY**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **Member** ☐ Change ☐ Addition
 NAME **RICHARD SINGER MBRM**
 STREET ADDRESS **5831 HAMILTON WAY**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 608, Florida Statutes.

SIGNATURE:

[Signature]

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

1/14/02

Date

61-989-9270

Daytime Phone #

RICHARD SINGER Managing Member

CR2083 (9/01)