

FILED
May 01, 2002 8:00 am
Secretary of State

04-08-2002 90206 027 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000005938**

1. Entity Name

COLE COURT MANAGEMENT, LLC

Principal Place of Business

**4235 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

Mailing Address

**4235 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

27144

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

651101727

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALMER, BARBARA
4235 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

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 Palmer

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

TITLE *Operating Mgr* ☐ Delete
 NAME *Barbara Palmer*
 STREET ADDRESS *2295 Gulf of Mexico Dr*
 CITY-ST-ZIP *Longboat Key FL 34228*

TITLE *Operating Mgr* ☐ Delete
 NAME *Charles Palmer*
 STREET ADDRESS *6301 Cl. A Dr*
 CITY-ST-ZIP *Ft Smith, AR 72903*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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 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)(f), 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:

Barbara Palmer

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

Date

Daytime Phone #

3-25-02 9413833788

CR2E083 (9/01)