## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # L01000008914 -03-05-2002 90054 034 \*\*\*150.00 1. Entity Name 6846 OKEECHOBEE BOULEVARD, LLC -Principal Place of Business Mailing Address 3701 S.W. 112TH AVENUE 3701 S.W. 112TH AVENUE DAVIE FL 33082 **DAVIE FL 33082** 2. Principal Place of Business 3. Mailing Address 12555 ORANGE 12555 ORANGE DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 华 (05-1127713 Not Applicable Countr \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, FRANK C Street Address (P.O. Box Number is Not Acceptable) 3200 S.W. 1167H AVENUE #101 DAVIE FL23330 Zin Sode 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 TITLE ☐ Change Addition Delete 8 NAME frank C Gardner NAME 583 STREET ADDRESS DAVIE FL 33330 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITI F Delete Addition П Сћапое W. JOHN DRISCOIL NAME FIRST NAT'L BANK BLOG ST PAUL MN 55 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition Peter C.G.Ardner-NAME NAME " BUANITUR CORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DAUJEFL 33330 TITLE ☐ Delete TITLE ECOURTNEY GARANER Change Addition NAME NAME 32005M 116,408 STREET ADDRESS STREET ADDRESS MUKAH 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate LULETTE L FITZGERALD Change Addition TITLE NAME NAME SYISW 178 WAY STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIG

FILED