

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90115 047 \*\*\*\*50.00

**DOCUMENT # L01000009924**

1. Entity Name

**PURCELL COMAPANY, LLC**

Principal Place of Business

**505 SOUTH FLAGLER DRIVE  
 SUITE 1330  
 WEST PALM BEACH FL 33401**

Mailing Address

**505 SOUTH FLAGLER DRIVE  
 SUITE 1330  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. **D.**

City & State

City & State

4. FEI Number

**65-1113956**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEMPSEY, W. GLENN  
 505 SOUTH FLAGLER DRIVE  
 SUITE 1330  
 WEST PALM BEACH FL 33401**

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 ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **PURCELL, MARY JANE**  
 CITY-ST-ZIP **11160 TURTLE BEACH ROAD  
 NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **PURCELL, GRANT**  
 CITY-ST-ZIP **4 WAX MURTL COURT  
 HILTON HEAD ISLAND SC 29910**

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

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **DEMPSEY, W. GLENN**  
 CITY-ST-ZIP **505 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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:**

*W. Glenn Dempsey*

**1/30/02 561-655-8980**

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

Date

Daytime Phone #

CR2E083 (9/01)