

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0060640

DOCUMENT # L01000014842

1. Entity Name

LIFESTYLES 1 REAL ESTATE, LLC



FILED

03 FEB 26 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

11300 110TH AVE NORTH  
SEMINOLE FL 33778

Mailing Address

11300 110TH AVE NORTH  
SEMINOLE FL 33778

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 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name R. BRUCE McKibben, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1435 East Piedmont Dr. Suite 214

City TALLAHASSEE FL

FL

Zip Code 32308

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 Florida Department of State

Due By May 1, 2003

800013550258

62/05/03--01056--014 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME RUSSELL, TERRY PRES  
STREET ADDRESS 11300 110TH AVE NORTH  
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE MGRM  
NAME RUSK, CHARLES E TREAS  
STREET ADDRESS 11300 110TH AVE NORTH  
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE MGRM  
NAME STERN, RICK SEC  
STREET ADDRESS 11300 110TH AVE NORTH  
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE MGRM  
NAME Kelsey, William  
STREET ADDRESS 11300 110th Ave. N.  
CITY-ST-ZIP Seminole FL 33778 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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)(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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*WILLIAM KELSEY*

2/7/03 727/391-7986

CR2E083 (10/02)