

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-23-2002 90047 019 ****50.00

DOCUMENT # L01000017397

1. Entity Name

2875 DEVELOPMENT GROUP, LLC

Principal Place of Business

214 BRAZILIAN AVE.
SUITE 200
PALM BEACH FL 33480

Mailing Address

214 BRAZILIAN AVE.
SUITE 200
PALM BEACH FL 33480

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

65-1148156

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

EVANS, LESLIE R
214 BRAZILIAN AVE.
SUITE 200
PALM BEACH FL 33480

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 **P.D. LESLIE ROBERT EVANS**
 STREET ADDRESS **214 BRAZILIAN AVE. SUITE 200**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition
 NAME **P.D. LESLIE ROBERT EVANS**
 STREET ADDRESS **214 BRAZILIAN AVE SUITE 200**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S. BONNIE E. CORDLE**
 STREET ADDRESS **214 BRAZILIAN AVE, SUITE 200**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/02 (561) 832-8288

CP2E083 (9/01)