

2002 UNIFORM BUSINESS\$ REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 044 ****55.00

967937



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019557

1. Entity Name

ST LUCIE WEST RESTAURANT LLC

Principal Place of Business

2000 PGA BLVD., STE. 3200
PALM BEACH GARDENS FL 33408

Mailing Address

2000 PGA BLVD., STE. 3200
PALM BEACH GARDENS FL 33408

2. Principal Place of Business

790 SW St Lucie West Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

4. FEI Number

65-1144215

Applied For

Not Applicable

Zip

Country

34986

USA

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

NORRIS, DAVID B
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH FL 33408

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Cathy Markolf
2000 PGA Blvd, Ste 3200
Palm Beach Gardens FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **SIGNATURE REQUIRED**

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

5-14-02

Date

561-630-9161

Daytime Phone #

CR2E083 (9/01)