

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0017065

03-13-2002 90098 020 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019790

1. Entity Name

FLORAL ACRES, L.L.C.

Principal Place of Business

**54 N.E. FOURTH AVENUE
 DELRAY BEACH FL 33483**

Mailing Address

**54 N.E. FOURTH AVENUE
 DELRAY BEACH FL 33483**

2. Principal Place of Business

**12440 South
 STATE ROAD 7**

3. Mailing Address

P.O. Box 540549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

LAKE WORTH, FL

Zip

Country

33437-4722

USA

Zip

Country

33454-0549

USA

4. EEI Number

03-0376376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STRAWN, JOEL T
 54 N.E. FOURTH AVENUE
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **PATRICK ROSACKER**

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

6570 WAVERLY LANE

City **LAKE WORTH**

FL

Zip Code

33467

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]

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

TITLE **PRESIDENT** ☐ Delete
 NAME **PATRICK ROSACKER**
 STREET ADDRESS **6570 WAVERLY LANE, LAKE WORTH, FL**
 CITY-ST-ZIP **33467**

TITLE **SECRETARY** ☐ Delete
 NAME **ARTHUR ROSACKER III**
 STREET ADDRESS **6977 FINAMORE CIR**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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]

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

Date

Daytime Phone #

CR2E083 (9/01)