

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001755

DOCUMENT # L01000021126

1. Entity Name

SCHULTE REALTY ADVISORS, LLC



FILED

2003 MAY -2 PM 5:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7044 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH FL 32082

Mailing Address

C/O BARRY B ANSBACHER
1301 RIVERPLACE BLVD. STE 2450
JACKSONVILLE FL 32207

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

APPLIED FOR

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

~~ANSBACHER, BARRY B P A~~
1301 RIVERPLACE BOULEVARD
STE 2450
JACKSONVILLE FL 32207

Name Ansbacher & McKeel, P. A.

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

/s/ Barry B. Ansbacher, Pres.

(NOTE: Registered Agent signature required when reinstating)

3/31/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SCHULTE, DAVID J
STREET ADDRESS 7044 CYPRESS BRIDGE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32082 ☐ Delete

TITLE NO Change ☒ Change ☐ Addition
NAME NO Change
STREET ADDRESS Ponte Vedra Beach, FL 32082
CITY-ST-ZIP NO Change

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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] **NOT REQUIRED**

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

4/24/03
Date

904-543-8539
Daytime Phone #

CR2E083 (10/02)