

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022270

1. Entity Name

GLASGOW COCONUT CREEK, LLC

FILED
Sep 25, 2002 8:00 am
Secretary of State

08-28-2002 90035 033 ****50.00

43021

Principal Place of Business

~~1801 N. MILITARY TRAIL SUITE 200~~
~~BOCA RATON FL 33431~~

Mailing Address

~~1801 N. MILITARY TRAIL SUITE 200~~
~~BOCA RATON FL 33431~~

2. Principal Place of Business

5607-5619 Regency Lakes Blvd
 Suite, Apt. #, etc.

3. Mailing Address

7100-39 Fanny Dr.
 Suite, Apt. #, etc.
 PMB #180

City & State

Coconut Creek FL

City & State

Palm Beach Gardens

Zip

33073

Country

Broward

Zip

33418

Country

Palm Beach

4. FEI Number

01-0550082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.
 1801 N. MILITARY TRAIL SUITE 200
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Andy Glasgow 231 Egleston Lakes Blvd Palm Beach Gardens FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL Jerome Glasgow 7580 Regency Lakes Dr Boca Raton FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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

8/8/02

561-386-7400

Date

Daytime Phone #