

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 024 \*\*\*\*50.00

**DOCUMENT #** L02000000067

1. Entity Name

232 BELMONT ROAD, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1500 South Olive Avenue

Suite, Apt. #, etc.

3. Mailing Address

1500 South Olive Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

4. FEI Number

03-0387764

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Jonathan C. Moore  
2570 Hope Lane West  
Palm Beach Gardens, Florida 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Gregory L. Davies  
112 Elysium Drive  
Royal Palm Beach, Florida 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Harold J. Smith  
5405 Canyon Trail  
West Palm Beach, Florida 33405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4.10.02

Date

361.823-1888

Daytime Phone #

CR2E083B (12/01)