2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90076 028 ****50.00

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DOCUMENT # L02000002919

1. Entity Name

UCCI DEVELOPMENT COMPANY OF THE PALM BEACHES, LL
C

Principal Place of Business	Mailing Address
11199 POLO CLUB ROAD. STE. D WELLINGTON FL 33414	11199 POLO CLUB ROAD. STE. D WELLINGTON FL 33414

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2161 PALM BEACH LAKES BLVD	2161 PALM BEACH LAKES BLVD
Suite, Apt. #, etc.: STE 205	Suite, Apt. #, etc.: STE 205
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33409 Country: PALM BEACH	Zip: 33409 Country: PALM BEACH

4. FEI Number: 75-2993647 ☐ 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
WITKOWSKI, RONALD ESQ. 11199 POLO CLUB ROAD, STE. D WELLINGTON FL 33414	Name: JAMES W. CLARKE Street Address (P.O. Box Number is Not Acceptable): 2161 PALM BEACH LAKES BLVD STE 205 City: WEST PALM BEACH FL Zip Code: 33409

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 JAMES W. CLARKE [signature] APRIL 24, 2003

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UCCI, ANDREA 11199 POLO CLUB ROAD, STE. D WELLINGTON FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] SIGNATURE REQUIRED 4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #