

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

05-12-2003 90090 008 \*\*\*\*50.00

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44004000

☐ CHECK HERE IF MAKING CHANGES

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000021296

1. Entity Name

E.R.C. CENTER, L.L.C.



Principal Place of Business

222 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442

Mailing Address

222 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0478980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERRILL A. BOOKSTEIN COUNSELOR AT LAW, PA  
2499 GLADES RD., STE. 308  
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

*Merrill A. Bookstein*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER S. GORDON 222 S. MILITARY TRAIL DEERFIELD BEACH, FL. 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER J. GOLDSWORTHY 222 S. MILITARY TRAIL DEERFIELD BEACH, FL. 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER M. GORDON 222 S. MILITARY TRAIL DEERFIELD BEACH, FL. 33442	<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
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
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

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

5/1/03

Date

954261-0158

Daytime Phone #

CR2E083 (10/02)