

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-21-2003 90088 012 ****50.00

DOCUMENT # L02000025727

1. Entity Name

VANARK HOMES, LLC



Principal Place of Business

**JEFFREY CLARK
1721 PINETREE DRIVE
EDGEWATER FL 32141**

Mailing Address

**JEFFREY CLARK
1721 PINETREE DRIVE
EDGEWATER FL 32141**

55053507



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

11-3658725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLARK, JEFFREY
1721 PINETREE DRIVE
EDGEWATER FL 32141 32132**

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 name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/2003

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **JEFFREY CLARK**
STREET ADDRESS **1721 PINETREE DR**
CITY-STATE-ZIP **EDGEWATER FL 32132**

TITLE **MANAGING MEMBER** ☐ Delete
NAME **HILAIKE VAN HOLLEBEKE JR**
STREET ADDRESS **10311 REMOND BELANCE TR**
CITY-STATE-ZIP **MONTAVERIE N.C. 28078**

TITLE **MANAGING MEMBER** ☐ Delete
NAME **SCOTT VAN HEN**
STREET ADDRESS **4400 BROWNE'S FERRY ROAD**
CITY-STATE-ZIP **CHARLOTTE N.C. 28078**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 REQUIRED

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

7/10/2003

Date

386-78-8578

Daytime Phone #

CR2E083 (4/03)