

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 012 ****50.00

DOCUMENT # L02000027728

1. Entity Name

SOUTHPOINTE I, LLC



Principal Place of Business

**3701 S.W. 112TH AVENUE
DAVIE FL 33330**

Mailing Address

**3701 S.W. 112TH AVENUE
DAVIE FL 33330**

2. Principal Place of Business

7901 SW 6 CT

3. Mailing Address

7901 SW 6 CT

Suite, Apt. #, etc.

STE 150A

Suite, Apt. #, etc.

STE 150A

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

4. FEI Number

4-2065254

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

**DANIELS, NICHOLAS M ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

FRANK C. GARDNER

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

7901 SW 6 CT

City

STE 150A

FL

Zip Code

33324

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

4-29-03

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **PD FRANK C GARDNER**
STREET ADDRESS **7901 SW 6 CT STE 150A**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME **D W. JOHN DRISCOLL**
STREET ADDRESS **FIRST NAT'L BK BLDG**
CITY-ST-ZIP **ST PAUL MN**

TITLE ☐ Delete
NAME **ST LUCETTE L FITZGERALD**
STREET ADDRESS **7901 SW 6 CT STE 150A**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME **VP PETER C GARDNER**
STREET ADDRESS **3200 SW 116 AVE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-03 954 862 1428

CR2E083 (10/02)