

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000347

1. Entity Name
CLEMATIS DEVELOPMENT GROUP, L.C.

FILED

01 JAN 22 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
999 INDIAN ROAD
PALM BEACH FL 33480

Mailing Address
999 INDIAN ROAD
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0444514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VISCONTI, JOSEPH C
2500 N. MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Hall, Robert D.

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

27 W 725 Washington Ave

City

Winfield IL

FL

Zip Code

60190-

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

Joseph C. Visconti

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

(NOTE: Registered Agent signature required when reinstating)

1-17-2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VISCONTI, JOSEPH C
2500 N. MILITARY TRAIL
BOCA RATON FL 33431

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMICO, ROY T
2500 N. MILITARY TRAIL
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HALL, ROBERT D
27 WEST 725 WASHINGTON AVE.
WINFIELD IL 60190-1441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HALL, JAMES M
27 W. 725 WASHINGTON AVE.
WINFIELD IL 60190-1441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~1430 Al Ocean Blvd.~~
~~Palm Beach, FL 33480~~

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8002 Flagler Ct.
West Palm Beach, FL 33405

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003583250--0
-01/29/01--01011--002
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Joseph C. Visconti

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

Date

Daytime Phone #

1-17-2001 561-373 094

CR2E083 (11/00)