

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000345

1. Entity Name  
PARADISE MANOR, L.C.

Principal Place of Business  
465 SW 20 AVE.  
FT LAUDERDALE FL 33312

Mailing Address  
C/O BANTA  
P.O. BOX 24943  
FT LAUDERDALE FL 33307-4943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANTA, BRADFORD C

4050 N.E. 1ST AVE.

SUITE 117

OAKLAND PARK FL 33334

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.

SIGNATURE

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS MARY L. BANTA REVOCABLE TRUST  
CITY- ST- ZIP 1425 MIDDLE RIVER DR.  
FT LAUDERDALE FL 33304

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
300003118843  
-02/01/00--01092--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM  
STREET ADDRESS BRADFORD C. BANTA REVOCABLE TRUST  
CITY- ST- ZIP 1409 MIDDLE RIVER DR.  
FT LAUDERDALE FL 33304

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM  
STREET ADDRESS CATHERINE M. BANTA REVOCABLE TRUST  
CITY- ST- ZIP 1409 MIDDLE RIVER DR.  
FT LAUDERDALE FL 33304

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM  
STREET ADDRESS PITTMAN, ROGER E  
CITY- ST- ZIP 2890 LOVELL LANE  
HUGHEYTOWN AL 35023

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM  
STREET ADDRESS PITTMAN, DOROTHY A  
CITY- ST- ZIP 2890 LOVELL LANE  
HUGHEYTOWN AL 35023

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-8-00 954 566-0759



DO NOT WRITE IN THIS SPACE

FILED  
00 JAN 27 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (9/99)