

2001 UNIFORM BUSINESS REPORT (UBR)

0028179 AF

DOCUMENT # L94000000345

1. Entity Name

PARADISE MANOR, L.C.

FILED

01 JAN 25 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

65-0513674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
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 REQUIRED

1-13-01

954-566-0259

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

Date

Daytime Phone #

CR2E083 (11/00)