

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L950000000009

1. Entity Name

LINTON TOWERS, L.C.

FILED

00 JAN 25 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

Mailing Address

4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431-5195

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

65-0549359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRINCE, ALLEN
4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

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.

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

TITLE NAME MEM PRINCE, ALLEN ☐ Delete
STREET ADDRESS 4400 N FEDERAL HWY #210
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME MEM PRUNCE, ELAYNE ☐ Delete
STREET ADDRESS 4400 N FEDERAL HWY #210
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003117611--7
CITY-ST-ZIP -02/01/00--01035--001
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #