

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L95000000642

1. Entity Name  
DOUBLE C STABLES, L.C.

00 APR 18 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

529 S. FLAGLER DRIVE  
SUITE 4H  
WEST PALM BEACH FL 33401

Mailing Address

529 S. FLAGLER DRIVE  
SUITE 4H  
WEST PALM BEACH FL 33401-5930



2. Principal Place of Business

3. Mailing Address

PO Box 299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sea Cliff NY

Zip

Country

Zip

Country

11579

USA

4. FEI Number

65-0611403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNACCHIA, JOSEPH  
529 S. FLAGLER DRIVE  
SUITE 4H  
WEST PALM BEACH FL 33401

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 ☐ Delete  
MGR  
CORNACCHIA, JOSEPH  
STREET ADDRESS 529 S. FLAGLER DRIVE, SUITE 4H  
CITY- ST- ZIP WEST PALM BEACH FL 33401

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

TITLE NAME ☐ Delete  
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CITY- ST- ZIP

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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 #

4/12/00 820 8837

CR2E083 (9/99)