

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000642

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

Principal Place of Business  
529 S. FLAGLER DRIVE  
SUITE 4H  
WEST PALM BEACH FL 33401

Mailing Address  
P.O. BOX 299  
SEACLIFF WY 11579

FILED

01 JAN 19 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
245 Brazilian Ave  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Beach FL  
Zip  
33480  
Country  
USA

City & State  
Zip  
Country

4. FEI Number 65-0611403

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
245 Brazilian Ave  
City Palm Beach FL Zip Code 33480

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 245 Brazilian Ave  
CITY-ST-ZIP Palm Beach FL 33480

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003568391--0  
CITY-ST-ZIP -01/23/01--01079--024

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *hr*  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0026795 AF

CR2E083 (11/00)