

2000 UNIFORM BUSINESS REPORT (UBR)

0007086 AF

DOCUMENT # L96000000180

1. Entity Name
BRENNAN CUSTOM HOMES, L.C.

FILED

00 JAN 27 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
255 SUNRISE AVENUE
#200
PALM BEACH FL 33480

Mailing Address
255 SUNRISE AVENUE
#200
PALM BEACH FL 33480-3876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0647985

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITZ, TIM
C/O BRENNAN CUSTOM HOMES, L.C.
255 SUNRISE AVENUE, #200
PALM BEACH FL 33480

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 MGR
NAME BRENNAN, JOSEPH F
STREET ADDRESS 113 DUPONT STREET, SUITE 203
CITY-ST-ZIP TORONTO, ONT M5R1V4 CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
7000003118677-1
-02/01/00--01080--020
*****50.00 *****50.00

TITLE MGR
NAME GREENGLASS, DANIEL J
STREET ADDRESS 113 DUPONT STREET, SUITE 203
CITY-ST-ZIP TORONTO, ONT M5R1V4 CANADA ☐ Delete

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

TITLE MGR
NAME BENITZ, TIMOTHY
STREET ADDRESS 255 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

21/24/2000

Date

561 832-9965

Daytime Phone #

CR2E083 (9/99)