

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000242

1. Entity Name

CAPE ELIZABETH LAND COMPANY, L.C.

FILED

00 FEB -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 498  
PALM CITY FL 34990

Mailing Address

C/O RAYNOR LAW FIRM, P.A.  
14155 U.S. HWY ONE, STE. 304  
JUNO BEACH FL 33408-1442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

139 Commodore Dr  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jupiter, FL  
Zip 33477 Country

City & State

Zip

Country

4. FEI Number

01-0510499

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAYNOR, JEFFREY S  
RAYNOR LAW FIRM, P.A.  
14155 U.S. HIGHWAY ONE, SUITE 304  
JUNO BEACH FL 33408-1499

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 MGRM ☒ Delete  
NAME JURIS & COMPANY  
STREET ADDRESS 42 EASTMAN RD  
CITY-ST-ZIP CAPE ELIZABETH ME 04107

TITLE MEM ☒ Delete  
NAME BRYAN, TIMOTHY E  
STREET ADDRESS 661 BAY POINTE CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE MEM ☐ Delete  
NAME MARKETING MANAGEMENT, INC.  
STREET ADDRESS 123 NAUTICAL WAY  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3000003128403--4  
CITY-ST-ZIP -02/09/00--01001--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE ☒ Change ☐ Addition  
NAME MARKETING MANAGEMENT, INC  
STREET ADDRESS 139 Commodore Dr  
CITY-ST-ZIP Jupiter, FL 33477

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

TITLE ☐ Change ☐ Addition  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/25/2000