

2001 UNIFORM BUSINESS REPORT (UBR)

0013221 AF

DOCUMENT # L96000001309

1. Entity Name
1650 DUNLAWTON AVENUE, L.C.

FILED

01 APR -9 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
PMB 152, 222 LAKEVIEW AVENUE, SUITE 160
WEST PALM BEACH FL 33401

Mailing Address
PMB 152, 222 LAKEVIEW AVENUE, SUITE 160
WEST PALM BEACH FL 33401

2. Principal Place of Business
1858 Ringling Blvd
Suite, Apt. #, etc.

3. Mailing Address
1858 Ringling Blvd
Suite, Apt. #, etc.

City & State
Sarasota, Fl.

City & State
Sarasota, Fl.

Zip
34236

Country
USA

Zip
34236

Country
USA

4. FEI Number 59-3422063

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, GREGORY E
250 ROYAL PALM WAY STE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
Renea M. Glendinning

Street Address (P.O. Box Number is Not Acceptable)
1858 Ringling Boulevard

City
Sarasota

FL

Zip Code
34236

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
Renea M. Glendinning

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
MGRM
1650 DUNLAWTON AVENUE, INC.
222 LAKEVIEW AVENUE, SUITE 160-152
WEST PALM BEACH FL 33401

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

S
Tommasi, Heidrun
204 64th St. Ct. N.W.
Bradenton, Fl. 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200004016962-3
-04/19/01--01010--024
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)