

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000153

1. Entity Name

830 PARK AVENUE, L.C.

FILED

00 JAN 28 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

17 FELMLEY ROAD

WHITEHOUSE STATION NJ 08889

Mailing Address

17 FELMLEY ROAD

WHITEHOUSE STATION NJ 08889-5004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3492965

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

HENLEY, WM. LARRY  
221 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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 MORRISON, J. SCOTT  
STREET ADDRESS 17 FELMLEY ROAD  
CITY- ST- ZIP WHITEHOUSE STATION NJ 08889 ☐ Delete

TITLE  
NAME 600003121136 ☐ Change ☐ Addition  
STREET ADDRESS -02/02/00--01088--003  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐  
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 #

1/15/00 908-4393484