

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000153

1. Entity Name

830 Park Avenue, I.L.C.

FILED

01 MAR -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17 Felmley Road  
Whitehouse Station, NJ 08889

2. Principal Place of Business

3. Mailing Address

221 East 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

4. FEI Number

223492965

Applied For

Not Applicable

Zip

Country

Zip

32303

Country

Leon

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wm. Larry Henley  
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

Wm. Larry Henley - Wm. Larry Henley

2/28/01

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Morrison, J. Scott  
17 Felmley Road  
Whitehouse Station, NJ 08889

☐ Delete

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CITY - ST - ZIP

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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:

J. Scott Morrison

3/2/01

908-4393484

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

Date

Daytime Phone #

CR2E083 (11/00)