

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000237

1. Entity Name
PILGRIM PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25

Principal Place of Business
4649 VAN KLEECK DRIVE
NEW SMYRNA BEACH FL 32169

Mailing Address
4649 VAN KLEECK DRIVE
NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
708 Saxon Palm Ct
Suite, Apt. #, etc.

3. Mailing Address
708 Saxon Palm Ct
Suite, Apt. #, etc.

City & State
New Smyrna FL

City & State
New Smyrna FL

4. FEI Number 59-3134375
Applied For
Not Applicable

Zip 32169 Country USA

Zip 32169 Country USA

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

6. Name and Address of Current Registered Agent
LEITHAUSER, CHARLES
4649 VAN KLEECK DRIVE
NEW SMYRNA BEACH FL 32169

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 *Charles Leithauser*
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/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEITHAUSER, CHARLES 4649 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYDON ER, TOM 674 INVERNESS CT NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DYER, ANDREW 2297 S GLENCOE RD. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROLL, MARVIN 837 SAWGRASS LANE NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLER, MAT BOX 4146 STANFORD CT 06907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABROW, IRVING 76 STONELEDGE CT. LITTLE SILVER NJ 07739	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Leithauser* REQUIRED
Signature and typed or printed name of signing managing member or manager
Date 7/11/00 Daytime Phone # 904 428 3281