

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000947

1. Entity Name

THREE DOG REALTY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

2201-2225 S. 25 ST
FT. PIERCE FL 34947

Mailing Address

267 RIVER DR.
TEQUESTA FL 33469



2. Principal Place of Business

9158 SE Deereberg PL

3. Mailing Address

9158 SE Deereberg PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEQUESTA FLA

City & State

TEQUESTA FLA

4. FEI Number

65-0792316

Applied For

Not Applicable

Zip

Country

33469

Zip

Country

33469

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURFORD, PETER ESQ.
267 RIVER DR.
TEQUESTA FL 33469

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

9/1/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BURFORD, PETER
STREET ADDRESS 267 RIVER DR.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MGRM ☐ Delete
NAME BURFORD, CAROL
STREET ADDRESS 267 RIVER DR.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 300003391139--8
STREET ADDRESS -09/13/00--01040--002
CITY-ST-ZIP *****50.00 *****50.00

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

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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

9/1/00 561-7486220

Date

Daytime Phone #

CR2E083 (5/00)