

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001037

1. Entity Name

LAST RESORT HOLDINGS, L.C.

Principal Place of Business

1014 LAKE AVE
LAKE WORTH FL 33460

Mailing Address

1014 LAKE AVE
LAKE WORTH FL 33460-3710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0787458

Applied For

Not Applicable

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

FERGUSON, A J JR.
4811 122ND DRIVE NORTH
ROYAL PALM BEACH FL 33411

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 NAME ☐ Delete
MRGM
FERGUSON, A J JR.
STREET ADDRESS
4811 122ND DRIVE NORTH
CITY- ST- ZIP
ROYAL PALM BEACH FL 33411

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

TITLE NAME ☐ Delete
MRGM
FERGUSON, DAWN
STREET ADDRESS
4811 122ND DRIVE NORTH
CITY- ST- ZIP
ROYAL PALM BEACH FL 33411

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
200003269712--8
-05/30/00--01014--015
*****50.00 *****50.00

TITLE NAME ☐ Delete
MRGM
SOCHER, BARBARA R
STREET ADDRESS
4811 122ND DRIVE NORTH
CITY- ST- ZIP
ROYAL PALM BEACH FL 33411

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/00

Date

561-586-3700

Daytime Phone #

CR2E083 (9/99)