

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001102

1. Entity Name

700 FRONT STREET ASSOCIATES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:17

Principal Place of Business

700 FRONT STREET
KEY WEST FL 33040

Mailing Address

700 FRONT STREET
KEY WEST FL 33040-6689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1712265

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

TERMINELLO, LOUIS J ESQ
CHADROFF TERMINELLO & TERMINELLO
2700 S.W. 37TH AVENUE
MIAMI FL 33133-2728

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 SMITH, WILLIAM ASHLEY
STREET ADDRESS 700 FRONT STREET
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
6000003127075-6
-02/08/00-01049-004
*****50.00 *****50.00

TITLE MGR
NAME SMITH, CAMY JO
STREET ADDRESS 700 FRONT STREET
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



☐ Change ☐ Addition

TITLE MGR
NAME SMITH, SUE B
STREET ADDRESS 215 BROADUS STREET
CITY-ST-ZIP STURGIS MI 49091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME SMITH, MELISSA JEANNE
STREET ADDRESS 215 BROADUS STREET
CITY-ST-ZIP STURGIS MI 49091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MRG
NAME TRIPP, PAUL
STREET ADDRESS 231 MARGARET STREET
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

 Camy Jo Smith 1/21/00 305 295-5222