

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001223

1. Entity Name
UCCI DEVELOPMENT COMPANY, L.L.C.

FILED

00 JAN 27 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12230 FOREST HILL BLVD., SUITE 116
WELLINGTON FL 33414

Mailing Address
12230 FOREST HILL BLVD., SUITE 116
WELLINGTON FL 33414-5799



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0796495

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

WITKOWSKI, RONALD ESQ.
12798 WEST FOREST HILL BLVD., STE. 202
WELLINGTON FL 33414

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
MEM
SUNBIRD DEVELOPMENTS LTD.
STREET ADDRESS C/O 12798 FOREST HILL BLVD., STE. 202
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE NAME ☐ Delete
MEM
SKYBIRD DEVELOPMENTS, LTD.
STREET ADDRESS C/O 12798 FOREST HILL BLVD., STE. 202
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

1-18-00

561-227-1537

CR2E083 (9/99)