

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013773 AF

DOCUMENT # L97000001381

1. Entity Name  
REAL ESTATE ASSOCIATE SERVICES, L.C.

FILED

01 FEB 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1711 WORTHINGTON ROAD, #202  
WEST PALM BEACH FL 33409

Mailing Address  
1711 WORTHINGTON ROAD, #202  
WEST PALM BEACH FL 33409

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0799117  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLER, JAMES F  
1711 WORTHINGTON ROAD, #202  
WEST PALM BEACH FL 33409

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MILLER, JAMES F	1711 WORTHINGTON ROAD, #202	WEST PALM BEACH FL 33409	<input type="checkbox"/>
MGR	DEVER, JANE	1711 WORTHINGTON ROAD, #202	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>
MGRM	HOLLINGER, BILL	1711 WORTHINGTON ROAD, #202	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
MGR	ANITA Z KIMBLE	1711 WORTHINGTON RD #202	WEST PALM BEACH, FL 33409	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*

2/16/01

561.687.8997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)