

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013591 AF

DOCUMENT # L98000000171

1. Entity Name

B & B PROPERTIES OF ST. LUCIE COUNTY, L.C.

00 APR 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

429 TALLEYRAND AVENUE
JACKSONVILLE FL

Mailing Address

2415 VELVET RIDGE DRIVE
OWINGS MILLS MD 21117-3043

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

52-2080823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATRICK, JOHN

429 TALLEYRAND AVENUE
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name HOULD, STEPHEN A.

Street Address (P.O. Box Number is Not Acceptable)

444 Third Street

Neptune Beach, FL

32286

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

TITLE NAME MGR
STREET ADDRESS SINGER, PAUL N
CITY- ST- ZIP 2415 VELVET RIDGE DRIVE
OWINGS MILLS MD 21117

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

000003249590--5
-05/11/00--01126--021
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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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 #

CR2E083 (9/99)