

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030256 AB

DOCUMENT # L98000000171

1. Entity Name

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

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

429 TALLEYRAND AVENUE  
JACKSONVILLE FL

Mailing Address

2415 VELVET RIDGE DRIVE  
OWINGS MILLS MD 21116

2. Principal Place of Business

3. Mailing Address

444 Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEPTUNE BEACH, FL

Zip

Country

Zip

Country

32266

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

7. Name and Address of New Registered Agent

HOULD, STEPHEN A

444 THIRD STREET

NEPTUNE BEACH FL 32266

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

4/26/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 000004219720--2

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP -05/16/01--01058 Change 003 Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

4-26-01

410-727-0665

Date

Daytime Phone #

CR2E083 (11/00)