

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000512

1. Entity Name
FLORIDA APPLE EAST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

Mailing Address
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480-4142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
505 S. Flagler Drive
Suite, Apt. #, etc.
Suite 300
City & State
West Palm Beach, FL
Zip
33401
Country
USA

3. Mailing Address
505 S. Flagler Drive
Suite, Apt. #, etc.
Suite 300
City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. FEI Number
65-0830621
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, JACQUELINE S
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Drive, Suite 300
City
West Palm Beach, FL Zip Code
33401

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

mf 3/16/00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	GEORGAS, GREGORY	440 ROYAL PALM WAY, SUITE 200	PALM BEACH FL 33480	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		505 S. Flagler Drive, Suite 300	West Palm Beach, FL 33401	<input type="checkbox"/>	<input type="checkbox"/>
		300003179263--0	-03/22/00--01020--011	<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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 REQUIRED 2/4/00 (561) 655-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)