

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001394

DOCUMENT # L98000000512

1. Entity Name

FLORIDA APPLE EAST, L.L.C.

02 MAY 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401

Mailing Address

505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401

2. Principal Place of Business

3700 STATE STREET

3. Mailing Address

3700 STATE STREET

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

SANTA BARBARA, CA

City & State

SANTA BARBARA, CA

Zip

93105

Country

USA

Zip

93105

Country

USA



DO NOT WRITE IN THIS SPACE

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
505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

AVIS JR., WARREN E

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

125 NORTH AVE - STE 221

AVIS & AVIS P.A.

City

PALM BEACH

FL

Zip Code

33480

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
GEORGAS, GREGORY
STREET ADDRESS 505 S. FLAGLER DRIVE, SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR
GEORGAS, GREGORY ☒ Change ☐ Addition
STREET ADDRESS 125 NORTH AVENUE, SUITE 221
CITY-ST-ZIP PALM BEACH, FL 33480

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)