

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93601 001 \*\*\*100.00

**DOCUMENT # L98000000513**

1. Entity Name

**FLORIDA APPLE WEST, L.L.C.**

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  
 Suite, Apt. #, etc.  
 SUITE 200**

**CITY & STATE  
 SANTA BARBARA, CA**

**Zip  
 93105**

Country

**USA**

3. Mailing Address

**3700 STATE STREET  
 Suite, Apt. #, etc.  
 SUITE 200**

**CITY & STATE  
 SANTA BARBARA, CA**

**Zip  
 93105**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0830622**

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 Acceptable)

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

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

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 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)