

> 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-29-2002 93602 001 ***150.00

DOCUMENT # L98000000514

1. Entity Name

FLORIDA APPLE NORTH, 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

65-0830620

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)