

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024758 AF

DOCUMENT # L98000000869

1. Entity Name

BRATTLOF DEVELOPMENT GROUP, L.C.

Principal Place of Business

7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137

Mailing Address

P.O. BOX 351429  
PALM COAST FL 32135-1429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
THORNHILL, LESLIE  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
THORNHILL, DARRYL  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
GARDNER, JED  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
GARDNER, NANCY  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
BRATTLOF, JOAN M  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300003576053--4  
-01/26/01--01034--008  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

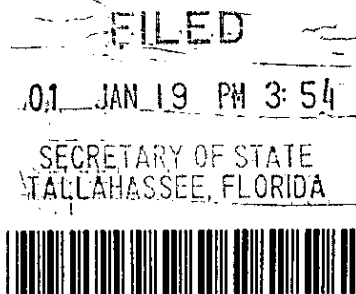
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)