

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009738 AF

DOCUMENT # L98000000870

1. Entity Name  
PALM HARBOR CENTER, L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 13 PM 2:01

Principal Place of Business  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137

Mailing Address  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137-3817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522119

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ALSON, ALFRED L  
201 LEMON STREET, SUITE 1  
BUNNELL FL 32135-2018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

*Inf 3/21/00*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
SIDDIQUI, MUSSARAT H  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

0000003183600-- 0  
-03/24/00--01098--008  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
BRATTOF DEVELOPMENT GROUP, L.C.  
7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST FL 32137

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Leslie Thornhill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/8/00

Date

904 445-3044

Daytime Phone #

CF2E083 (9/99)