

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000870

1. Entity Name

PALM HARBOR CENTER, L.C.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3522119

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE.

FILED

01 JAN 19 PM 3:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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 ☐ Delete
MGRM ALSON, ALFRED L
STREET ADDRESS
CITY-ST-ZIP **201 LEMON STREET, SUITE 1
BUNNELL FL 32135-2018**

TITLE NAME ☐ Delete
MEM SIDDIQUI, MUSSARAT H
STREET ADDRESS
CITY-ST-ZIP **7 FLORIDA PARK DRIVE, SUITE F
PALM COAST FL 32137**

TITLE NAME ☐ Delete
MEM BRATTOF DEVELOPMENT GROUP, L.C.
STREET ADDRESS
CITY-ST-ZIP **7 FLORIDA PARK DRIVE, SUITE F
PALM COAST FL 32137**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
000003576850-3
STREET ADDRESS
CITY-ST-ZIP **-01/26/01--01034--007**
*******55.00 *****55.00**

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

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

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STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

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

Date

1/16/01

Daytime Phone #

CR2E083 (11/00)