

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90026 005 \*\*\*\*55.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

913446



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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Handwritten Signature]* **NANCY L. GARDNER,**  
**BRATTOF DEVELOPMENT** 1/25/02 (386) 495-3094

CR2E083 (9/01)