

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001094

DOCUMENT # L98000000870

1. Entity Name

PALM HARBOR CENTER, L.C.



FILED

03 APR 30 PM 3:54

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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)

200017582778
04/30/03--01068--022 **55.00

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ALSON, ALFRED L.
STREET ADDRESS 201 LEMON STREET, SUITE 1
CITY-ST-ZIP BUNNELL FL 32135-2018 ☒ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

4/28/03

Date

786-445-3044

Daytime Phone #

CR2E083 (10/02)