

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000966

1. Entity Name

THE FOUNTAINS OF NEW SMYRNA BEACH, L.L.C.

Principal Place of Business

4381 S. ATLANTIC AVENUE, #301
NEW SMYRNA BEACH FL 32169

Mailing Address

4381 S. ATLANTIC AVENUE, #301
NEW SMYRNA BEACH FL 32169

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

59-3545807

Applied For

Not Applicable

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

STORCH, GLENN D ESQ.
STORCH, HANSEN & MORRIS, P.A.
1620 S. CLYDE MORRIS BLVD., STE. 300
DAYTONA BEACH FL 32119

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DUDLEY, W. TED
STREET ADDRESS 4381 S. ATLANTIC AVENUE, #301
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE MGR ☐ Delete
NAME DUDLEY, MARIANNE
STREET ADDRESS 4381 S. ATLANTIC AVENUE, #301
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition
NAME 300003359343--2
STREET ADDRESS -08/16/00--01048--020
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/17/00

Date

(352) 471-0183

Daytime Phone #