

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001007

1. Entity Name
SANDPIPER COVE BUILDERS, L.C.

Principal Place of Business
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442-2985

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 65-0851921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HANDLER, HENRY B ESQ.
2255 GLADES ROAD, SUITE 218-A
BOCA RATON FL 33431-1750

7. Name and Address of New Registered Agent

Name Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2699 So. Bayshore Dr., 7th Floor

City Miami, FL 33133

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.

By: CORPRO, INC.

HOWARD L. FRIEDBERG, VP

4/26/00

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 MGRM SANDPIPER PCI, L.C. ☐ Delete
STREET ADDRESS 832 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS 100003287901--6
CITY-ST-ZIP -06/14/00--01009--021
*****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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 REQUIRED
SCOTT PORTEN, Mgrm

Date

Daytime Phone #

4/26/00 (954) 422-1883

CP2EX3 (9/00)