

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001111

1. Entity Name

97 PALMS SOUTH, L.C.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90089 044 ****50.00

0010091

Principal Place of Business

3827 W. ATLANTIC AVE.
DELRAY BEACH FL 33445

Mailing Address

3827 W. ATLANTIC AVE.
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

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 65-0850302		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GLYNN, ROBERT A
3827 W. ATLANTIC AVE.
DELRAY BEACH FL 33445

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXWELL, MATTHEW 7939 MANOR FOREST DRIVE BOYNTON BEACH FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mr Edward McCall 3909 Maurice Dr Delray Beach, FL 33445 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXWELL, KATHERYN 7939 MANOR FOREST DRIVE BOYNTON BEACH FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Cheryl McCall 3909 Maurice Dr. Delray Beach, FL 33445 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUFTS, PAUL 9357 CALLIANDRA DRIVE BOYNTON BEACH FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vince Jennings 180 Chapel Hill Road Red Bank, N.J. 07701 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUFTS, KATHY 9357 CALLIANDRA DRIVE BOYNTON BEACH FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLYNN, ROBERT 3827 WEST ATLANTIC AVE. DELRAY BEACH FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLYNN, GAIL 3827 WEST ATLANTIC AVE. DELRAY BEACH FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Glenn, Gail 235 Via Orestes Delray Beach FL 33445 ☒ 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: *Robert A. Glynn* REQUIRED

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

Date

Daytime Phone #

9-10-02 561-243-6869

CR2E083 (4/02)