

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001161

1. Entity Name

BRANDON POINT, L.L.C.

FILED

00 JAN 19 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3150 PIO PICO DRIVE, SUITE 100  
CARLSBAD CA 92009

Mailing Address

3150 PIO PICO DRIVE, SUITE 100  
CARLSBAD CA 92008-1951

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 **54-357588**  
**APPLIED FOR**

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STYLES, MICHAEL J  
888 S ANDREWS AVE  
SUITE 301  
FT. LAUDERDALE FL 33316

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.

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 MGRM ☐ Delete  
NAME GOLDEY, ROBERT S III  
STREET ADDRESS 3150 PIO PICO DRIVE, SUITE 100  
CITY-ST-ZIP CARLSBAD CA 92009

TITLE MGRM ☐ Delete  
NAME SERGENT, KENNETH  
STREET ADDRESS 3150 PIO PICO DRIVE, SUITE 100  
CITY-ST-ZIP CARLSBAD CA 92009

TITLE MGRM ☐ Delete  
NAME THOMAS, LARRY L  
STREET ADDRESS 4559 STRATFORD CIR  
CITY-ST-ZIP OCEANSIDE CA

TITLE MGRM ☐ Delete  
NAME SCHARBARTH, CAROL A TRUSTEE  
STREET ADDRESS P.O. BOX 2704  
CITY-ST-ZIP RANCHO SANTA FE CA 92067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **800003117988-2**  
CITY-ST-ZIP **-02/01/00-01052-018**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
☐ Change ☐ Addition

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

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

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

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

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:

*Shary Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**1-13-00 760-941-2900**