

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001464

1. Entity Name

STUART SOUTH GROUP, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

STUART SOUTH GROUP, L.C.
4326 SW BROOKSIDE DRIVE
PALM CITY FL 34990

Mailing Address

STUART SOUTH GROUP, L.C.
4326 SW BROOKSIDE DRIVE
PALM CITY FL 34990-7750



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0855138

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOUGHERTY, JEFFREY P
3039 S.W. SEABOARD DR.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name
JEFFREY P. DOUGHERTY

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

4326 SW BROOKSIDE DRIVE

City
PALM CITY

FL Zip Code
34990

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

1-20-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DOUGHERTY, JEFFREY P
3039 S.W. SEABOARD DR.
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

TITLE
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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

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

1-20-00

Date

561-283-1238

Daytime Phone #