

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001650

1. Entity Name

APOLLO BEACH CENTER, L.C.

FILED

00 JAN 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6412 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

Mailing Address

6412 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572-1803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536163

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHAGAN, RICHARD L

6412 US HIGHWAY 41 NORTH

APOLLO BEACH FL 33572

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS PHAGAN, RICHARD L
CITY-ST-ZIP 928 ALLEGRO LANE
APOLLO BEACH FL 33572-2770

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6412 US Hwy 41 North
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS PHAGAN, JUDITH D
CITY-ST-ZIP 928 ALLEGRO LANE
APOLLO BEACH FL 33572-2770

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6412 US Hwy 41 North
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS RUDNICK, JAMES M
CITY-ST-ZIP 226 NORTH DUVAL STREET
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

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

Date

Daytime Phone #

1/6/00

(813) 641-2800