

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001650

1. Entity Name

APOLLO BEACH CENTER, L.C.

FILED

01 JAN 17 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6412 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

Mailing Address

6412 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

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 MGRM ☐ Delete
NAME PHAGAN, JUDITH D
STREET ADDRESS 6412 US HIGHWAY 41 NORTH
CITY-ST-ZIP APOLLO BEACH FL 33572

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

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

TITLE ☐ Change ☐ Addition
NAME 300003567913--0
STREET ADDRESS -01/23/01--01075--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME PHAGAN, RICHARD L
STREET ADDRESS 6412 US HIGHWAY 41 NORTH
CITY-ST-ZIP APOLLO BEACH FL 33572

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

TITLE ☐ Delete
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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

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

Date

Daytime Phone #

1/11/01

813-641-2800

CR2E083 (11/00)