

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001672

1. Entity Name

2400 QUANTUM, L.C.

Principal Place of Business

712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH FL 33408

Mailing Address

712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH FL 33408-4521

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

65-0860571

Applied For

Not Applicable

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

NORRIS, DAVID B  
712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH FL 33408

Name

DOUGLAS B. MACDONALD

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

C/O MFT DEVELOPMENT, INC

1401 FORUM WAY, #101

City

WEST PALM BEACH

FL

Zip Code

33401

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

*Julie Finch* JULIE FINCH

X 4/26/00

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 NAME MGR  
STREET ADDRESS MACDONALD, DOUGLAS B  
CITY-ST-ZIP 712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS DOUGLAS B. MACDONALD  
CITY-ST-ZIP 1401 FORUM WAY #101  
WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: X

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

X MGR

Date

X 561-686-6959

Daytime Phone #

CR2E083 (9/99)