

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002164

1. Entity Name

VIRIDIAN OFFICE CENTRE, L.C.

FILED

01 JAN 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

505 SOUTH FLAGLER DRIVE, SUITE 1325
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DRIVE, SUITE 1325
WEST PALM BEACH FL 33401

2. Principal Place of Business

222 U.S. HWY 1
SUITE 208
TEQUESTA, FL
33469-0508

3. Mailing Address

222 U.S. HWY 1
SUITE 208
TEQUESTA, FL
33469-0508

City & State

TEQUESTA, FL

Zip

33469

Country

U.S.A.

City & State

TEQUESTA, FL

Zip

33469

Country

U.S.A.

4. FEI Number

65-0867139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

ARLEN, ROBERT M P.A.
Street Address (P.O. Box Number is Not Acceptable)
1501 CORPORATE DRIVE
SUITE 200
City BOYNTON BEACH FL Zip Code 33426

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

Robert J. Shaw

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR HANNA, PAUL B
STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 1325
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE NAME MGR FAGAN, GREGORY J
STREET ADDRESS 4152 BLUE HERON BOULEVARD
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ROBERT J. SHAW ☒ Change ☐ Addition
STREET ADDRESS 222 U.S. HWY 1, SUITE 208
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE NAME 500003630205 ☐ Change ☐ Addition
STREET ADDRESS -02/02/01--01043--001
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Robert J. Shaw

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

Date

1/24/01

Daytime Phone #

561-744-5555

CR2E083 (11/00)