

2000 UNIFORM BUSINESS REPORT (UBR)

0006035 AF

DOCUMENT # L98000002231

1. Entity Name
ELECTRIC CITY OF FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business
14255 US HWY. ONE, SUITE 221
JUNO BEACH FL 33408-1490

Mailing Address
14255 US HWY. ONE, SUITE 221
JUNO BEACH FL 33408-1490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0868196

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

AUSTIN, MARY C
14255 US HWY. ONE
JUNO BEACH FL 33408-1490

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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCROBERTS, JOHN F
200 BEACH ROAD, SUITE 502
TEQUESTA FL 33469

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLAISDELL, TIMOTHY H.
14255 US HIGHWAY ONE, SUITE 221
JUNO BEACH, FL 33408

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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:

Timothy H. Blaisdell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/14/00 561.799.0121
Date Daytime Phone #

CR2E083 (9/99)