

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000002307**

1. Entity Name

CLUB ESPRIT, L.C.

Principal Place of Business

**525 ONE CENTER BOULEVARD
CLUB ESPRIT APARTMENT SUITES
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**525 ONE CENTER BOULEVARD
CLUB ESPRIT APARTMENT SUITES
ALTAMONTE SPRINGS FL 32701**

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

59-3538248

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARRIS, CHARLES E
817 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME FRED R. TIERPE, CLUB ESPRIT APARTMENTS
STREET ADDRESS 525 ONE CENTER BOULEVARD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701** ☐ Delete**TITLE
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CITY-ST-ZIP** ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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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: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90013 014 ****50.00

302400



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)