

2001 UNIFORM BUSINESS REPORT (UBR)

0027672 AF

DOCUMENT # L98000002674

1. Entity Name
TULIP GROVE, LLC

FILED

01 APR 27 PM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MAGGIE MARLING
330 NORTH WABASH AVENUE, SUITE 3300
CHICAGO IL 60611-3608

Mailing Address
C/O MAGGIE MARLING
330 NORTH WABASH AVENUE, SUITE 3300
CHICAGO IL 60611-3608

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-2429116

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

F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202-3520

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
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
EDMUNSON ORANGE CORP.
330 NORTH WABASH AVENUE, SUITE 3300
CHICAGO IL 60611-3608

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

By Edmundson Orange Corp.

SIGNATURE:

Kathy Dean

SIGNATURE REQUIRED Kathy Dean, AVP

April 10, 2001

904-598-7471

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

Date

Daytime Phone #

CR2E083 (11/00)