

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002941

1. Entity Name

MILLENNIUM DEVELOPMENT OF TITUSVILLE, L.L.C.

FILED

00 MAR 13 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

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

Mailing Address

712 U.S. HIGHWAY ONE, STE 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

4. FEI Number

65-0881567

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

NORRIS, DAVID B

712 U.S. HIGHWAY ONE, STE 400

NORTH PALM BEACH FL 33408

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE

DATE

Daytime Phone #

CR2E083 (9/99)