

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002993

1. Entity Name

THE ARBORS DEVELOPMENT GROUP, L.L.C.

Principal Place of Business

171 E. GRANADA BLVD.
ORMOND BEACH FL 32176

Mailing Address

171 E. GRANADA BLVD.
ORMOND BEACH FL 32175-2572

2. Principal Place of Business

502 CEDAR ST.

Suite, Apt. #, etc.

ORMOND BEACH

City & State

FLORIDA

Zip

32176

Country

USA

3. Mailing Address

P.O. Box 2572

Suite, Apt. #, etc.

ORMOND BEACH

City & State

FLORIDA

Zip

32175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAYER, DENNIS K ESQ.
306 SOUTH OCEANSHORE BLVD.
FOLLER BEACH FL 32136

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM PIATT, DOUG ☐ Delete
STREET ADDRESS 2004 N. CENTRAL AVENUE
CITY- ST- ZIP FOLLER BEACH FL 32136

TITLE NAME MGRM ☒ Delete
STREET ADDRESS THE ARBORS L.L.C.
CITY- ST- ZIP 1420 N.W. GILLMAN BLVD #2789
ISSAQUAH WA 98027-7001

TITLE NAME MGRM GREEN, JOHN ☐ Delete
STREET ADDRESS 2004 N. CENTRAL AVENUE
CITY- ST- ZIP FOLLER BEACH FL

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 ☒ Change ☐ Addition
STREET ADDRESS 502 CEDAR ST.
CITY- ST- ZIP ORMOND BEACH, FL 32176

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003104127-3
CITY- ST- ZIP -01/20/00-01036-007
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 3142 POINT WHITE DR. N.E.
CITY- ST- ZIP BANBRIDGE ISLAND, WA 98110

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/5/2000 904-676-3722
Date Daytime Phone #

CR2E083 (9/99)