

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003371

1. Entity Name
PALM CITY DEVELOPMENT L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10: 02

Principal Place of Business
222 SOUTH NEW YORK AVE., SUITE 3
WINTER PARK FL 32789

Mailing Address
222 SOUTH NEW YORK AVE., SUITE 3
WINTER PARK FL 32789-4265

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
59-3549764

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARO, THOMAS C
222 SOUTH NEW YORK AVE., SUITE 3
WINTER PARK FL 32789

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
MGRM
GARO, THOMAS C
222 SOUTH NEW YORK AVE., SUITE 3
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003384205--0
-09/06/00--01103--002
*****50.00 *****50.00

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HONAN, SCOTT C
222 SOUTH NEW YORK AVE., SUITE 3
WINTER PARK FL 32789

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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.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-27-00 (407) 599 9604

CR2E083 (9/99)