

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003394

1. Entity Name
CARRIAGE HOUSE RESORT MOTEL, LLC

Principal Place of Business
250 SOUTH OCEAN BLVD.
DEERFIELD BEACH FL 33441

Mailing Address
250 SOUTH OCEAN BLVD.
DEERFIELD BEACH FL 33441

FILED

01 JAN 16 AM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0883712

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

LEWANDOWSKI, ZBIGNIEW
23237 BOCA CLUB COLONY CIRCLE
BOCA RATON FL 33433

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
MEM
LEWANDOWSKI, ZBIGNIEW
23237 BOCA CLUB COLONY CIRCLE
BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
LEWANDOWSKA, MARIA
23237 BOCA CLUB COLONY CIRCLE
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8000003568328-5
-01/23/01--01093--020
*****50.00 *****50.00
☐ Change ☐ Addition

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

ZBIGNIEW LEWANDOWSKI
ZBIGNIEW LEWANDOWSKI

1/11/01

954-947-7670

Date

Daytime Phone #

CR2E083 (11/00)