

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003399

1. Entity Name

MANDALAY POINT, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

132 ROYAL PALM WAY  
PALM BEACH FL 33480

Mailing Address

132 ROYAL PALM WAY  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2136489

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

PICKERING, KIMBERLY  
132 ROYAL PALM WAY  
PALM BEACH FL 33480

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MEM~~ **MG** ☐ Delete  
NAME **UNITED STATES TRUST COMPANY OF FLORIDA**  
STREET ADDRESS **132 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL 33480**

☐ Change ☐ Addition  
**400003384274--7**  
**-09/06/00--01104--022**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

U.S. Trust Company of Florida  
By: Kimberly A. Pickering, V.P.

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

Date

Daytime Phone #

8/17/00 561-1659-1550

CR2E083 (5/00)