

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000239**

1. Entity Name

SARATOGA ASSOCIATES L.L.C.

Principal Place of Business

~~G/O I.M. MANAGEMENT~~
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

~~G/O I.M. MANAGEMENT~~
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O FEIT MANAGEMENT CO.
Suite, Apt. #, etc.

3. Mailing Address

C/O FEIT MANAGEMENT CO.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

ROBERTS, NORMAN T ESQUIRE
50 WEST MASHTA DRIVE, SUITE #2
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name **FEIT MANAGEMENT COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
5769 S. UNIVERSITY DRIVE

City **DAVIE** **FL** Zip Code **33328**

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 **FEIT MANAGEMENT COMPANY** **7/18/2000**
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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **FEIT MANAGEMENT COMPANY**
CITY-ST-ZIP **5769 SOUTH UNIVERSITY DRIVE**
DAVIE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (5/00)