

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000000286**  
1. Entity Name  
**APPLE PRINCE GEORGES MARYLAND GROUP, LLC**

Principal Place of Business  
2710 OAKBROOK LANE  
WESTON FL 33332

Mailing Address  
2710 OAKBROOK LANE  
WESTON FL 33332-3407

2. Principal Place of Business  
**490 Sawgrass Corp Pkwy**  
Suite, Apt. #, etc.  
**S# 330**

3. Mailing Address  
**490 Sawgrass Corp Pkwy**  
Suite, Apt. #, etc.  
**S# 330**

City & State  
**Sunrise, FL**

City & State  
**Sunrise FL**

Zip  
**33325**

Country  
**USA**

Zip  
**33325**

Country  
**USA**

4. FEI Number  
**65-0887647**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIRSCHNER, JASON**  
**2710 OAKBROOK LANE**  
**WESTON FL 33332**

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSCHNER, JASON 2710 OAKBROOK LANE WESTON FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RASKIN, STEPHEN 2710 OAKBROOK LANE WESTON FL 33332	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003260521-8 -05/13/00--01133--019 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/99)