

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000445**

1. Entity Name
CASTLE FLORIDA REALTY, L.L.C.

FILED

00 APR 11 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~11 S.E. 6TH AVENUE~~
DELRAY BEACH FL 33483

Mailing Address

~~11 S.E. 6TH AVENUE~~
DELRAY BEACH FL 33483-5313

2. Principal Place of Business

150 N. SWINTON AV
Suite, Apt. #, etc. **#100**

3. Mailing Address

150 N. SWINTON AV
Suite, Apt. #, etc. **#100**

City & State

City & State

4. FEI Number

65-0899304

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

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

6. Name and Address of Current Registered Agent

BADACH, FRANK J ESQ.
568 YAMATO ROAD, STE 200
BOCA RATON FL 33431

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

TITLE **MGRM** ☐ Delete
NAME **HASNER, JAY**
STREET ADDRESS **11 S.E. 6TH AVENUE**
CITY- ST- ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 N. SWINTON AVE - #100**
CITY- ST- ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600003221826--9**
CITY- ST- ZIP **-04/24/00--01168--015**
*******55.00 *****55.00**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 (9/99)