

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000467**

1. Entity Name

ALCOR PROPERTIES, L.L.C.

Principal Place of Business

Mailing Address

C/O BESSEMER TRUST COMPANY
801 BRICKELL AVENUE, 19TH FLOOR
MIAMI FL 33131

C/O BESSEMER TRUST COMPANY
801 BRICKELL AVENUE, 19TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA
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

Due By September 26, 2001

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-11/06/01--01003--033

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LORBERBAUM, ALAN J
701 OSPREY POINT CIRCLE
BOCA RATON FL 33431-5245

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE

REINSTATEMENT 2001



DO NOT WRITE IN THIS SPACE

072187934
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

0000127

CR2E083 (5/01)

STAPLE CHECK HERE