

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000682

1. Entity Name
KIRIN MANAGEMENT, LC.

FILED

01 APR 16 PM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8680 SHORE LANE
VERO BEACH FL 32967

Mailing Address

8680 SHORE LANE
VERO BEACH FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0982872

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

STEVEN A. SCJARRETTA, PA.
2300 GLADES ROAD
SUITE 302E
BOCA RATON FL 33431

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GORSUCH, HEIDI D
STREET ADDRESS 8680 SHORE LANE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE
NAME 300004064209--3 ☐ Change ☐ Addition
STREET ADDRESS -04/24/01--01081--009
CITY-ST-ZIP *****25.00 *****25.00

TITLE MGR
NAME LEWIS, STEVEN H
STREET ADDRESS 8680 SHORE LANE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE
NAME 300004064209--3 ☐ Change ☐ Addition
STREET ADDRESS -04/24/01--01081--010
CITY-ST-ZIP *****25.00 *****25.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

1/24/01

561-567-7081

CR2E083 (11/00)