

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000000897**

**1. Entity Name**  
**ARCHIBALD ENTERPRISES, LLC**

**Principal Place of Business**

1591 E. ATLANTIC BLV., SUITE 200  
POMPANO BEACH FL 33060

**Mailing Address**

1591 E. ATLANTIC BLV., SUITE 200  
POMPANO BEACH FL 33060

**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**

**CARLTON MANAGEMENT, INC.**  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

DO NOT WRITE IN THIS SPACE

FILED

01 APR 25 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**4. FEI Number**

**NOT APPLICABLE**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

**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**

**8000004138558--6**

-05/07/01--01012--021

\*\*\*2100.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM GRAHAM, LINDA E**  
**60 MARKET SQ. BOX 364, BELIZE CITY, BELIZE**  
**CENTRAL AMERICA**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM LANCASTER, SHARON**  
**SOVEREIGN HOUSE, STATION ROAD, ST JOHNS**  
**ISLE OF MAN, BRITISH ISLES**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

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

TITLE  
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CITY-ST-ZIP  
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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

4/23/01

Date

954-943-1498

Daytime Phone #

0007448 AF

CR2E083 (11/00)