

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001005

1. Entity Name

MCAULEY, WOODS & ASSOCIATES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business

1601 FORUM PLACE, SUITE 700
WEST PALM BEACH FL 33401

Mailing Address

1601 FORUM PLACE, SUITE 700
WEST PALM BEACH FL 33401-8106



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0897514

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

BROBERG, PETER S ESQ.

223 PERUVIAN AVENUE

PALM BEACH FL 33480

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

MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

ST-ZIP	MGRM MCAULEY, ROBERT 1601 FORUM PLACE, SUITE 700 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	MGRM WOODS, LOTI C 1601 FORUM PLACE, SUITE 700 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)