

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -9 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000001053**

1. Entity Name

**SNAPPER COVE PROPERTIES, L.L.C.**

Principal Place of Business

**4030 NE JOE'S POINT ROAD  
STUART FL 34996**

Mailing Address

**1820 NE JENSEN BCH BLVD  
PMB 626  
JENSEN BEACH FL 34957-7212**

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

**65-0896522**

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

**BEARD, DONESE K  
131 NW 73RD TERRACE  
PLANTATION FL 33317**

Name

**DONESE K. BEARD**

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

**2283 NW 22 AVE #103**

City

**STUART**

**FL**

Zip Code

**34994**

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

*Donese K. Beard*

*Donese K. Beard*

**4/12/00**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BEARD, LTD.**  
CITY-ST-ZIP **131 NW 73RD TERRACE  
PLANTATION FL 33317**

TITLE ☒ Change ☐ Addition  
NAME **MGRM**  
STREET ADDRESS **BEARD, LTD.**  
CITY-ST-ZIP **4030 NE JOE'S POINT ROAD  
STUART, FL 34996**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Donese K. Beard* **Donese K. Beard** **4/12/00** **361-692-7002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)