

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001091

1. Entity Name

F & R PROPERTIES, LC

FILED

01 JAN 22 PM 2:24

Principal Place of Business

**19451 GULF BLVD., APT. 604
INDIAN SHORES FL 33785**

Mailing Address

**P.O. BOX 5362
OCALA FL 34478-5362**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 5030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Cross City, FL 32622-5030**

4. FEI Number

59-3568760

Applied For

Not Applicable

Zip

Country

Zip

32628-5030

Country

USA

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

**DULIN, RACHEL Z
19451 GULF BLVD., APT. 604
INDIAN SHORES FL 33785**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
**MGRM
DULIN, RACHEL Z
19451 GULF BLVD., APT. 604
INDIAN SHORES FL 33785**

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

TITLE NAME ☐ Delete
**MGRM
DULIN, FREDERIC
19451 GULF BLVD., APT. 604
INDIAN SHORES FL 33785**

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition
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:

(Signature)

Rachel Z. Dulin

1-18-2001

727-595-6658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)