

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005132 AF

DOCUMENT # L99000001196

1. Entity Name
SOUTHERN CENTERS AT MCNAB, L.C.

00 APR 27 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3701 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

Mailing Address
3701 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-7611



2. Principal Place of Business
1500 CORDOVA ROAD

3. Mailing Address
1500 CORDOVA ROAD

Suite, Apt. #, etc.
310

Suite, Apt. #, etc.
310

City & State
FT LAUD, FL

City & State
FT LAUD, FL

Zip
33316

Country
USA

Zip
33316

Country
USA

MMM

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0901792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLA, RANDALL
3701 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1500 CORDOVA ROAD
#310
City FORT LAUD FL Zip Code 33316

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

(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

TITLE NAME MGRM
KELLA, RANDALL
STREET ADDRESS 3701 GALT OCEAN DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1500 CORDOVA ROAD, #310
CITY-ST-ZIP FORT LAUD, FL 33316

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00

954-523-4008

Date

Daytime Phone #

CR2E083 (9/99)