

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005124 AF

DOCUMENT # L99000001724
1. Entity Name
SOUTHERN CENTERS AT IMMOKALEE, L.C.

00 APR 28 PM 12:36

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 FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33316	Country USA	Zip 33316	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0907469

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

Applied For
Not Applicable

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 LAUDERDALE** **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.
CHANGE ADDRESS ONLY

SIGNATURE *[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 STREET ADDRESS CITY-ST-ZIP	MGRM KELLA, RANDALL 3701 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 CORDOVA ROAD, #310 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003249612--5 -05/11/00--01121--021 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **RANDALL KELLA** 4/24/00 954-523-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)