

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014717 AF

DOCUMENT # L99000001958

1. Entity Name  
SEBRING PARK OF COMMERCE, L.L.C.

00 APR 26 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4832 SOUTH U.S. HIGHWAY 1  
FORT PIERCE FL 34982

Mailing Address  
4832 SOUTH U.S. HIGHWAY 1  
FORT PIERCE FL 34982-7013



DO NOT WRITE IN THIS SPACE

MDM

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 ☐ 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                                    |
| STEWART, PAMELA<br>326 SOUTH SECOND STREET<br>FORT PIERCE FL 34950 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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

400003246774--4  
-05/10/00--01076--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

| 9. MANAGING MEMBERS / MEMBERS                      |   | 10. ADDITIONS / CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>REITANO ENTERPRISES, INC.<br>4010 SOUTH 57TH AVENUE, SUITE 202<br>LAKE WORTH FL 33463 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>MERRITT REALTY, INC.<br>4832 SOUTH U.S. HIGHWAY 1<br>FORT PIERCE FL 34982 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: Edwin S. Merritt 4/11/2000 561 464 9728

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

CR2E083 (9/99)