

2001 UNIFORM BUSINESS REPORT (UBR)

0023526
AF

DOCUMENT # L99000001958

1. Entity Name

SEBRING PARK OF COMMERCE, L.L.C.

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

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

NOT APPLICABLE

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
326 SOUTH SECOND STREET
FORT PIERCE FL 34950

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 MGRM REITANO ENTERPRISES, INC. ☐ Delete
STREET ADDRESS 4010 SOUTH 57TH AVENUE, SUITE 202
CITY-ST-ZIP LAKE WORTH FL 33483

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003992970--8
CITY-ST-ZIP -04/12/01--01004--006
*****50.00 *****50.00

TITLE NAME MGRM MERRITT REALTY, INC. ☐ Delete
STREET ADDRESS 4832 SOUTH U.S. HIGHWAY 1
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/26/01 561-464-9728

CR2E083 (11/00)

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