

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90084 032 ****50.00

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

4838 S. U.S. I

Suite, Apt. #, etc.

3. Mailing Address

4838 S. U.S. I

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce FL

City & State

Fort Pierce FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34982 FL

Zip

Country

34982 FL

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **REITANO ENTERPRISES, INC.**
 STREET ADDRESS **4010 SOUTH 57TH AVENUE, SUITE 202**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 record or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Richard Reitano)

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

Date

Daytime Phone #

4-2-02 772-464-9728

CR2E083 (9/01)