

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90062 031 ****50.00

DOCUMENT # L99000002053

1. Entity Name

504 SOUTH BEACH ROAD L.C.

Principal Place of Business

**C/O JEFFREY S. RAYNOR
 14155 U.S. HIGHWAY ONE, SUITE 304
 JUNO BEACH FL 33408-1499**

Mailing Address

**C/O JEFFREY S. RAYNOR
 14155 U.S. HIGHWAY ONE, SUITE 304
 JUNO BEACH FL 33408-1499**

2. Principal Place of Business

14241 US Hwy One
 Suite, Apt. #, etc.

3. Mailing Address

14241 US Hwy One
 Suite, Apt. #, etc.

City & State

Juno Beach, FL

City & State

Juno Beach FL

Zip

Country

033408

Zip

Country

33408

4. FEI Number

65-0941392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAYNOR, JEFFREY S
 RAYNOR LAW FIRM, P.A.
 14155 U.S. HIGHWAY ONE, SUITE 304
 JUNO BEACH FL 33408-1499**

7. Name and Address of New Registered Agent

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

Stuart E. Karu - STUART E. KARU

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

TITLE **MGR** ☐ Delete
 NAME **RAYNOR, JEFFREY S**
 STREET ADDRESS **14155 U.S. HIGHWAY ONE, SUITE 304**
 CITY-ST-ZIP **JUNO BEACH FL 33408-1499**

TITLE **MGR** ☐ Delete
 NAME **STUART, KARL E**
 STREET ADDRESS **139 COMMODORE DR.**
 CITY-ST-ZIP **JUPITER FL 33479**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **STUART E. KARU**

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

Date

Daytime Phone #

CR2E083 (9/01)