

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002271

1. Entity Name

PATTEN PROPERTIES, L.C.

Principal Place of Business

1803 MADRID AVENUE
LAKE WORTH FL 33461

Mailing Address

1803 MADRID AVENUE
LAKE WORTH FL 33461-3315

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

65-0923431

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

PATTEN, FRED
1803 MADRID AVENUE
LAKE WORTH FL 33461

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 PATTEN, FRED ☐ Delete
STREET ADDRESS 115 LAKESHORE DR., APT 1047
CITY- ST- ZIP NORTH PALM BEACH FL 33408-3644

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

TITLE NAME MGRM PATTEN, STEPHEN ☐ Delete
STREET ADDRESS 642 MARINERS WAY
CITY- ST- ZIP BOYNTON BEACH FL 33435-3246

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003196055--7
CITY- ST- ZIP -04/05/00--01004--019
*****50.00 *****50.00

TITLE NAME MGRM PATTEN, JOAN ☐ Delete
STREET ADDRESS 115 LAKESHORE DRIVE, APT 1047
CITY- ST- ZIP NORTH PALM BEACH FL 33408-3644

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

TITLE NAME MGRM PATTEN, ROBERT ☐ Delete
STREET ADDRESS 730 OCEAN INLET DRIVE
CITY- ST- ZIP BOYNTON BEACH FL 33435

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
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 OR MANAGER

Signature of Fred Patten
FRED PATTEN

Date

3/20/00

Daytime Phone #

561.588.8500

FILED
00 MAR 24 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E033 (9/99)