

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003011

1. Entity Name  
EDFRA, LLC

Principal Place of Business  
246 CANTERBERRY CIRCLE  
PALM BEACH GARDENS FL 33418

Mailing Address  
246 CANTERBERRY CIRCLE  
PALM BEACH GARDENS FL 33418-8219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
609 Northlake Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
246 Canterbury Cir  
Suite, Apt. #, etc.

City & State  
NPR FL

City & State  
PBC

4. FEI Number  
65-0923737

Applied For  
Not Applicable

Zip  
33408

Country  
Palm Beach

Zip  
33418

Country  
P.B.

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

BRAIDER, FRANK J JR  
246 CANTERBERRY CIRCLE  
PALM BEACH GARDENS FL 33418

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRAIDER, FRANK J JR  
246 CANTERBERRY CIRCLE  
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRAIDER, EDNA M  
246 CANTERBERRY CIRCLE  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003268790-  
-05/26/00-D1086-023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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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 REQUIRED  
EDNA M. BRAIDER

Date

Daytime Phone #

CR2E083 (9/99)