

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003146**

1. Entity Name
CENTRAL FLORIDA REALTY OF COCOA BEACH, L.L.C.

Principal Place of Business
**69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931**

Mailing Address
**69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931-2910**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3579020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOSLEY, CURTIS R ESQ.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

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
WICHLACZ, JAMES
69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200003273582--9
-06/01/00--01038-010
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AVERBUCH, PEGGY EHRlich
69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)