

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003157

1. Entity Name

ARTLAND MANAGEMENT, LLC

FILED

01 JAN 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2263 NW 2ND AVENUE #205
BOCA RATON FL 33431

Mailing Address

2263 NW 2ND AVENUE #205
BOCA RATON FL 33431

2. Principal Place of Business

2080 NW Boca Raton Blvd

3. Mailing Address

2080 NW Boca Raton Blvd.

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

65-0913287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLIN, JAMES G

2263 NW 2ND AVENUE #205
BOCA RATON FL 33431

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

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

TITLE NAME MGR
STREET ADDRESS PFOTENHAUER, GUNDOLF
CITY-ST-ZIP 2263 NW 2ND AVENUE #205
BOCA RATON FL 33431 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2080 NW Boca Raton Blvd. Suite 6
CITY-ST-ZIP Boca Raton FL 33431

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003601130--2
CITY-ST-ZIP -01/30/01--01040--012

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

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

1/23/01

(707) 255-3431

Date

Daytime Phone #

CR2E083 (11/00)