

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003607

1. Entity Name

CENTRE POINTE PARTNERS, L.C.

FILED

01 APR 20 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O ROYAL LANDSCAPING  
7031 PARKLANE ROAD  
LAKE WORTH FL 33467

Mailing Address

C/O ROYAL LANDSCAPING  
7031 PARKLANE ROAD  
LAKE WORTH FL 33467

2. Principal Place of Business

12539 ACME DAIRY RD

3. Mailing Address

12539 ACME DAIRY RD

Suite, Apt. #, etc.

8-YANTON BLACK

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BLACK

4. FEI Number

65-0928688

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ.  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394

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 MGRM  
STREET ADDRESS BILOWIT, FRED  
CITY-ST-ZIP 7031 PARKLANE ROAD  
LAKE WORTH FL 33467 ☐ 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 MGRM ☒ Change ☐ Addition  
STREET ADDRESS BILOWIT, FRED  
CITY-ST-ZIP 12539 ACME DAIRY RD  
BOYNTON BLACK, FLA.

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100004084131--3  
CITY-ST-ZIP -04/27/01--01031--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-20-01

561-969-9699

CR2E083 (11/00)