

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003860

1. Entity Name

SIEGEL/TEMPLETON PROPERTIES, L.C.

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4100 GALT OCEAN DRIVE, UNIT #1501
FORT LAUDERDALE FL 33308

Mailing Address

4100 GALT OCEAN DRIVE, UNIT #1501
FORT LAUDERDALE FL 33308-6030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936341

Applied For
Not Required

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

SIEGEL, JOHN M

4100 GALT OCEAN DRIVE, UNIT #1501
FORT LAUDERDALE FL 33308

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 MGRM ☐ Delete
NAME SIEGEL, JOHN M
STREET ADDRESS 4100 GALT OCEAN DRIVE, UNIT #1501
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Change ☐
NAME 700003118287--
STREET ADDRESS -02/01/00--01062--014
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME TEMPLETON, JOHN H
STREET ADDRESS 4100 GALT OCEAN DRIVE, UNIT #1501
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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TITLE ☐ Change ☐
NAME
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 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 OR MANAGER

1/4/2000 954563072;
Date Daytime Phone #