

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004174**

1. Entity Name

BEUTTELL DEVELOPMENT, L.L.C.

FILED

01 MAR 23 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1850-43RD AVENUE
SUITE C
VERO BEACH FL 32960**

Mailing Address

**PO BOX 7020
VERO BEACH FL 32961**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FENNELL, TODD W ESQ
979 BEACHLAND BLVD
VERO BEACH FL 32963**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEUTTELL, RICHARD C JR
P.O. BOX 7020
VERO BEACH FL 32961** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAYTON, ISABELLE B
P.O. BOX 7020
VERO BEACH FL 32961** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500003930335-4
-03/29/01--01113--012
*****55.00 *****55.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEUTTELL, GEORGE M
P.O. BOX 7020
VERO BEACH FL 32961** ☐ Delete

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

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

Date

Daytime Phone #

561 562 3837

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CR2E083 (11/00)