

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004295

1. Entity Name

PINES ACADEMY, L.L.C.

FILED

00 JAN 24 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3111 UNIVERSITY DRIVE
SUITE 720
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE
SUITE 720
CORAL SPRINGS FL 33065-5099

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

65-0892162

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

7. Name and Address of New Registered Agent

FISHER, LAWRENCE
3111 UNIVERSITY DRIVE
SUITE 720
CORAL SPRINGS FL 33065

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 MGR ☐ Delete
NAME FISHER, LAWRENCE
STREET ADDRESS 3111 UNIVERSITY DRIVE SUITE 720
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change
NAME 100003119271
STREET ADDRESS -02/01/00--01106--016
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME EPSTEIN, LESLEY
STREET ADDRESS 1915 MERION LANE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

Lawrence Fisher
LAWRENCE FISHER

1/9/00

(954) 345-8661