

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004299

1. Entity Name
PALM BREEZE ENTERPRISES, L.L.C.

Principal Place of Business
279 INDIAN POINT CIRCLE
KISSIMMEE FL 34746

Mailing Address
279 INDIAN POINT CIRCLE
KISSIMMEE FL 34746-6385

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

59-3605324

Applied For

Not Applicable

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

WILLISTON, HEIDI R
2458 GINGER MILL BLVD
ORLANDO FL 32837

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 MGR OFFILER, LUCILLE J
STREET ADDRESS 279 INDIAN POINT CIRCLE
CITY- ST- ZIP KISSIMMEE FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003256608--?
CITY- ST- ZIP -05/18/00--01015--001
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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: Lucille J. Offiler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 27, 2000 (407) 396-7650
Date Daytime Phone #

APPROVED
AND
FILED

00 MAY -1 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/95)