

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004891

1. Entity Name  
FARREN STEELE PROPERTIES LLC

Principal Place of Business  
1911 SHARON STREET  
BOCA RATON FL 33486

Mailing Address  
1911 SHARON STREET  
BOCA RATON FL 33486-3123

FILED

00 APR 11 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131

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 FARREN, WARD  
STREET ADDRESS 1911 SHARON STREET  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE MGR ☐ Delete  
NAME FARREN, VALERIE  
STREET ADDRESS 1911 SHARON STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME 100003217281-8  
STREET ADDRESS -04/20/00--01100--003  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME STEELE, DEBORAH J  
STREET ADDRESS 276 N.W. 69TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE MGR ☐ Delete  
NAME STEELE, GORDON L  
STREET ADDRESS 276 N.W. 69TH STREET  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Ward Farren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3.20.00  
Date

561 395 4246  
Daytime Phone #

CR2E083 (9/99)