

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004925**

1. Entity Name  
**DELRAY 403, LLC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business  
**600 SEA SAGE DRIVE  
DELRAY BEACH FL 33483**

Mailing Address  
**600 SEA SAGE DRIVE  
DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**403 SOUTHEAST FIRST STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**403 SOUTHEAST FIRST STREET**  
Suite, Apt. #, etc.

City & State  
**DELRAY BEACH, FL**

City & State  
**DELRAY BEACH, FL**

4. FEI Number  
**65-0954661**

Applied For  
Not Applicable

Zip  
**33483**

Country  
**FLORIDA**

Zip  
**33483**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MOORE, W. RODGERS  
STE 210-A, 4800 N. FEDERAL HWY  
BOCA RATON FL 33431**

## 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**

**600003327056-6  
-07/18/00--01086--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DEA, RICHARD F**  
STREET ADDRESS **600 SEA SAGE DRIVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**7/7/00**

**561-279-8200**