

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004926

1. Entity Name
101 NORTH RENAISSANCE GP, LLC

Principal Place of Business
400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401

Mailing Address
400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401

FILED

01 MAY 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
330 Clematis Street
Suite, Apt. #, etc.
Suite 214
City & State
West Palm Beach, FL
Zip
33401
Country
Palm Beach

3. Mailing Address
330 Clematis Street
Suite, Apt. #, etc.
Suite 214
City & State
West Palm Beach, FL
Zip
33401
Country
Palm Beach

DO NOT WRITE IN THIS SPACE

65-0939729

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRISBIE, DAVID W
400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
David W. Frisbie
Street Address (P.O. Box Number is Not Acceptable)
1000 Indian Road
City
Palm Beach FL Zip Code
33480

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 David W. Frisbie
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-27-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

\$50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISBIE, DAVID W 3604 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Frisbie, David W. 1000 Indian Road Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David W. Frisbie David W. Frisbie 4-27-01 56-832-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0013291 AF

CR2E083 (11/00)