

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014472

DOCUMENT # L99000004926

1. Entity Name

101 NORTH RENAISSANCE GP, LLC

02 MAY 13 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401

Mailing Address

330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3801 PGA Boulevard  
Suite, Apt. #, etc.  
Suite 600

3. Mailing Address

3801 PGA Boulevard  
Suite, Apt. #, etc.  
Suite 600



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL  
Zip 33410 Country USA  
~~33401~~ Palm Beach

City & State

Palm Beach Gardens, FL  
Zip 33410 Country USA  
~~33401~~

4. FEI Number

65-0939729

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  
1000 INDIAN ROAD  
PALM BEACH FL 33480

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  
Due By May 1, 2002

300005449743--0  
-05/03/02--01048--013  
\*\*\*4028.75 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FRISBIE, DAVID W  
STREET ADDRESS 1000 INDIAN ROAD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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*  
Managing Member

4-29-02

561-832-7784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)