

# 2000 UNIFORM BUSINESS REPORT (UBR)

005610 AF

DOCUMENT # L99000004928

1. Entity Name  
ONE NORTH RENAISSANCE GP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

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 33401-5322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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

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

TITLE MGRM  
NAME FRISBIE, DAVID W  
STREET ADDRESS 3604 NORTH FLAGLER DRIVE  
CITY- ST- ZIP WEST PALM BEACH FL 33407

☐ Delete

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10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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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.

David W. Frisbie

SIGNATURE:

**SIGNATURE REQUIRED**

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

4-28-00

Date

561-832-7784

Daytime Phone #

CR2E083 (9/99)

50.00