

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004928

1. Entity Name

ONE 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

65-0939732

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)

4-27-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

\$50.00

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Managing Member ☒ Change ☐ Addition
David W. Frisbie
STREET ADDRESS 1000 Indian Road
CITY-ST-ZIP Palm Beach, FL 33480

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004423053--7
CITY-ST-ZIP -06/15/01--01084--020

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ***4178.75 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
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:

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 #

CR2E083 (11/00)

0013216 AF