

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005206

1. Entity Name

MILITARY - PINE TRAIL L.L.C.

Principal Place of Business

800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-3720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0976619

Applied For

Not Applicable

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

ARSENAULT, GERALD
800 NORTH FLAGLER DRIVE
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 re-stating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HAMILTON, HARRY S
800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003283358-6
06/09/00 01034 013
*****50.00 *****50.00

☐ Change

☐ Addition

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800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

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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:

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

Date

Daytime Phone #

4/18/00 (561) 655-5113

CF2E083 (9/95)