

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005221

1. Entity Name

WILLOUGHBY PLAZA, LLC

FILED

00 MAR -3 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

702812

Principal Place of Business

3305 SE FEDERAL HWY  
STUART FL 34997

Mailing Address

3305 SE FEDERAL HWY  
STUART FL 34997-4913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

MAXSON, BRENT C  
3305 SE FEDERAL HWY  
STUART FL 34997

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
MAXSON, BRENT C  
STREET ADDRESS 3305 SE FEDERAL HWY  
CITY-ST- ZIP STUART FL 34997

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

TITLE NAME ☐ Delete  
MGRM  
TAUB, JOSEPH C  
STREET ADDRESS 3311 SE FEDERAL HWY  
CITY-ST- ZIP STUART FL 34997

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
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: X

**SIGNATURE REQUIRED**

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

1/14/00

Date

561 220 2990

Daytime Phone #

CR2E083 (9/99)