

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005487

1. Entity Name

PLATT INVESTMENT MANAGEMENT, L.L.C.

FILED

00 JAN 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2090 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904

Mailing Address

2090 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904-4950



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, JOEL E
7380 MURRELL ROAD, SUITE 100
MELBOURNE FL 32940

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 MGR
STREET ADDRESS MORTON, PETER J
CITY- ST- ZIP 2090 MEADOWLANE AVENUE
WEST MELBOURNE FL 32904 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Delete
STREET ADDRESS 500003112455-0
CITY- ST- ZIP -01/27/00--01023--007
*****55.00 *****55.00

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Delete
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:

SIGNATURE REQUIRED

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

1/7/2000

Date

321-724-9149

Daytime Phone #