

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

DOCUMENT # L99000005590

1. Entity Name  
MITCHELL REALTY "L.L.C."

Principal Place of Business  
15302 STRATHEARN DR  
#11302  
DELRAY BEACH FL 33446

Mailing Address  
15302 STRATHEARN DR  
#11302  
DELRAY BEACH FL 33446-2853



DO NOT WRITE IN THIS SPACE

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

52-2203101

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, ROBERT K  
15302 STRATHEARN DR  
#11302  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MITCHELL, ROBERT K  
15302 STRATHEARN DR #11302  
DELRAY BEACH FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
600003127096-4  
-02/08/00--01049--014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐

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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.

SIGNATURE: *Robert K Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-22-00 561-568 638-3671  
Date Daytime Phone #