

2000 UNIFORM BUSINESS REPORT (UBR)

0006206 AF

DOCUMENT # L99000005644

1. Entity Name
WATERFRONT HOLDINGS, LLC

DIVISION OF CORPORATIONS

00 FEB 18 AM 8:35

Principal Place of Business
4500 PGA BLVD., SUITE 303B
PALM BEACH GARDENS FL 33418

Mailing Address
4500 PGA BLVD., SUITE 303B
PALM BEACH GARDENS FL 33418-3965



DO NOT WRITE IN THIS SPACE

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

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH FL 32963

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
STREET ADDRESS
CITY - ST - ZIP
MGRM
WESTMOUNT FINANCIAL SERVICES, INC.
4500 PGA BLVD., SUITE 303B
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
mf3/1/00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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8000003159618-4
-03/07/00-01009-015

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
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☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Wendy J. Cabral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Westmount Financial Services
Wendy J. Cabral

Date

Daytime Phone #

CR2E083 (9/99)