

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005750

1. Entity Name
STEWART INTERNATIONAL GROUP, LLC

Principal Place of Business
5509 PENNOCK POINT ROAD
JUPITER FL 33458

Mailing Address
5509 PENNOCK POINT ROAD
JUPITER FL 33458-3449

APPROVED
AND
FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

132 E Hampton Way
Suite, Apt. #, etc.

3. Mailing Address

177 W US Hwy 1
Suite, Apt. #, etc.
PMB 313

City & State
Jupiter FL

Zip Country
33458 USA

City & State
Tequesta FL

Zip Country
33469 USA

4. FEI Number
43-1780633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, KENNY J
5509 PENNOCK POINT ROAD
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
132 E Hampton Way
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 DATE 4-26-00

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	MGR STEWART, KENNY J 5509 PENNOCK POINT ROAD JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart Kenny J 132 E Hampton Way Jupiter FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100003273541-6
-06/01/00-0100 Change-012 Addition
*****50.00 *****50.00

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 Ken Stewart

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

Date

Daytime Phone #

4-26-00 417887800

CR2E083 (3/95)