

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005943**

1. Entity Name

E.PORIUM, L.L.C.

FILED

2001 APR 27 PM 1:26

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4 WILD GRAPE DRIVE
AMELIA ISLAND PLANTATION FL 32034**

Mailing Address

**4 WILD GRAPE DRIVE
AMELIA ISLAND PLANTATION FL 32034**

2. Principal Place of Business

2 Ocean Club Drive
Suite, Apt. #, etc.

3. Mailing Address

2 Ocean Club Drive
Suite, Apt. #, etc.

City & State

Amelia Island, Florida

City & State

Amelia Island, Florida

Zip

Country

32034

Zip

Country

32034

4. FEI Number

57-1091906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
200 SOUTH BISCAYNE BLVD., STE 2100
MIAMI FL 33131**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

200004218612--0

-05/15/01--01138--004

*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **LEACH, GLORIAN K**
STREET ADDRESS **4 WILD GRAPE DRIVE 2 Ocean Club Drive**
CITY-ST-ZIP **AMELIA ISLAND PLANTATION FL**

TITLE **MGR** ☐ Delete
NAME **LEACH, NEEL E.**
STREET ADDRESS **2 Ocean Club Drive**
CITY-ST-ZIP **Amelia Island, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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: *Glorian K Leach* **Glorian K Leach** **4/25/01** **904-277-8636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)