

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005971**

1. Entity Name  
**PILOT ASSET MANAGEMENT GROUP, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business

1877 S. FEDERAL HWY.  
BOCA RATON FL 33432

Mailing Address

19582 SATURNIA LAKES DR.  
BOCA RATON FL 33498-6206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10 Fairway Dr**  
Suite, Apt. #, etc.  
**Suite 220**

3. Mailing Address

**10 Fairway Dr**  
Suite, Apt. #, etc.  
**Suite 220**

City & State

**Deerfield Beach FL**

City & State

**Deerfield Beach FL**

4. FEI Number

**65-095 4785**

Applied For

Not Applicable

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FREEDMAN, CRAIG L**

**19582 SATURNIA LAKES DR.**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

**Craig L. Freedman**

Street Address (P.O. Box Number is Not Acceptable)

**10 Fairway Dr**  
**Suite 220**

City

**Deerfield Beach**

FL

Zip Code

**33441**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-12-00**

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	<b>MGR</b> <b>FREEDMAN, CRAIG L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1877 S. FEDERAL HWY.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	<b>President MGR</b> <b>Freedman Craig L.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>10 Fairway Dr Suite 220</b>	
CITY-ST-ZIP	<b>Deerfield Beach FL 33441</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>500003189585-2</b>	
CITY-ST-ZIP	<b>-03/30/00--01028--025</b>	
	<b>*****50.00 *****50.00</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**2/12/00**

Date

**954 570 3570**

Daytime Phone #

CR2E083 (9/99)