

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 JUN -5 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006369

1. Entity Name

STONYBROOK APARTMENTS AT BOYNTON BEACH LLC.

Principal Place of Business

902 CLINT MOORE RD. STE 124
BOCA RATON

Mailing Address

902 CLINT MOORE RD. STE 124
BOCA RATON

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

65-0953412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON GROUP, INC.

902 CLINT MOORE RD, STE 124
BOCA RATON FL 33487

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 Morton Group, Inc. **MGRM** ☐ Delete
STREET ADDRESS Michael Morton, Pres
CITY- ST- ZIP 902 Clint Moore Road #124
Boca Raton, FL 33487 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/5/2000

CR2E083 (9/99)