

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 25 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006525

1. Entity Name

STREAMLINE MANOR, LLC

Principal Place of Business

2360 WILTON DRIVE  
MILTON MANORS FL 33305

Mailing Address

2360 WILTON DRIVE  
MILTON MANORS FL 33305

2. Principal Place of Business

2360 WILTON DRIVE

3. Mailing Address

2360 WILTON DRIVE

Suite, Apt. #, etc.

APT #1

Suite, Apt. #, etc.

APT #1

City & State

WILTON MANORS, FL

City & State

WILTON MANORS, FL

Zip

33305

Country

USA

Zip

33305

Country

USA

4. FEI Number

65-0470633

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

EMO CORPORATE SERVICES, INC.  
100 NE THIRD AVENUE, STE 1100  
FORT LAUDERDALE FL 33301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGER
STREET ADDRESS	DOUGLAS E. BACHMAN
CITY-ST-ZIP	2360 WILTON DRIVE, #1 WILTON MANORS, FL 33305
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER/MGR
STREET ADDRESS	STEVEN M. ALLEN
CITY-ST-ZIP	2360 WILTON DRIVE, #1 WILTON MANORS, FL 33305
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000033425800-800
STREET ADDRESS	-08/01/00--01031--013
CITY-ST-ZIP	*****55.00 *****55.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 REQUIRED

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

July 13, 2000

Date

954-564-8811

Daytime Phone #

CR2E083 (5/00)