

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006548**

1. Entity Name
RECTORY PARK, L.C.

Principal Place of Business
**14 SO. SWINTON AVE.
DELRAY BEACH FL 33444-3654**

Mailing Address
**14 SO. SWINTON AVE.
DELRAY BEACH FL 33444-3654**

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

52-2196775

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMANO, RODNEY G
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444**

Name

SMITHER, ROBERT M, JR

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

14 S. SWINTON AVE

City

DELRAY BEACH FL 33444

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

Robert M. Smither, Jr
Signature, typed or printed name of registered agent and title if applicable.

ROBERT M. SMITHER, JR MRGA

4/21/00

(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 **MRGM**
NAME **SMITHER, ROBERT M JR.**
STREET ADDRESS **14 S. SWINTON AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003242937-8
-05/08/00-01111-003
*******50.00 *****50.00**

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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

Date

Daytime Phone #

ROBERT M. SMITHER, JR 4/21/00 (561) 243-2400

APPROVED
AND
FILED

00 APR 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MMN

DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)