

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030665

DOCUMENT # L99000006548

1. Entity Name

RECTORY PARK, L.C.



FILED

03 APR 18 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

255 NE 6TH AVE

3. Mailing Address

255 NE 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

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

SMITHER, ROBERT M JR.
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name: WINTZER, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE

City

DELRAY BEACH FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William R. Wintzer

WILLIAM R. WINTZER MGR

4/14/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: SMITHER, ROBERT M JR.
STREET ADDRESS: 14 SOUTH SWINTON AVENUE
CITY-ST-ZIP: DELRAY BEACH FL 33444 ☒ Delete

TITLE: MGR
NAME: GOODMAN, HILBERLY
STREET ADDRESS: 125 LA POSTA RD
CITY-ST-ZIP: TALLAHASSEE, NM 87571 ☐ Delete

TITLE: MGR
NAME: SAN MARTIN, MARTA
STREET ADDRESS: 255 NE 6TH AVE
CITY-ST-ZIP: DELRAY BEACH, FL 33483 ☐ Delete

TITLE: MGR
NAME: WINTZER, WILLIAM R.
STREET ADDRESS: 255 NE 6TH AVE
CITY-ST-ZIP: DELRAY BEACH, FL 33483 ☐ Delete

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

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

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 300016238153
STREET ADDRESS: 04/18/03--01021--007 **50.00
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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NAME: ☐ Change ☐ Addition
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:

William R. Wintzer

WILLIAM R. WINTZER 4/14/03 (561) 243-2400

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

Date

Daytime Phone #

CR2E083 (10/02)