

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006719

1. Entity Name
6400 ATLANTIC BLVD. L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:44

Principal Place of Business
2307 SE MONTEREY ROAD
STUART FL

Mailing Address
P.O. BOX 2421
STUART FL 34995-2421



2. Principal Place of Business
851 SE Monterey Commons Blvd.
Suite, Apt. #, etc.

3. Mailing Address
851 SE Monterey Commons Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number
65-0957308

Applied For
Not Applicable

Zip
34996
Country
MARTIN

Zip
34996
Country
martin

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

SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996

Name
SOPKO, JAMES
Street Address (P.O. Box Number is Not Acceptable)
853 SE Monterey Commons Blvd.
City
STUART FL Zip Code
34996

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 based 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
STREET ADDRESS
CITY-ST-ZIP
MGR
GRANITE POINT PARTNERS, INC.
2307 SE MONTEREY ROAD
STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Granite Point Partners Inc.
851 SE Monterey Commons Blvd.
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003161988-7
-03/08/00-01010-017
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (9/99)