

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007306

1. Entity Name

WOERNER LAND L.L.C.

APPROVED
AND
FILED

00 APR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

505 SOUTH FLAGLER DRIVE, SUITE 606
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DRIVE, SUITE 606
WEST PALM BEACH FL 33401-5945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 S. Flagler Dr.

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0958066

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOERNER, LESTER J

505 SOUTH FLAGLER DRIVE, SUITE 606

WEST PALM BEACH FL 33401

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 / MEMBERS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

Manager
Woerner Management Inc.
777 S. Flagler Drive Suite 1100
West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

800003258578--0

-05/19/00--01010--013

*****50.00 *****50.00

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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

Date

Daytime Phone #

President, Woerner Mgmt. Inc.

4/26/00

(521) 835-3747

CR200001000