

2000 UNIFORM BUSINESS REPORT (UBR)

0010053 AF

DOCUMENT # L99000007631

1. Entity Name
VBP AT CYPRESS KNOLL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business
2801 JOHN ANDERSON HIGHWAY
FLAGLER BEACH FL 32136-4702

Mailing Address
2801 JOHN ANDERSON HIGHWAY
FLAGLER BEACH FL 32136-4702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2285 East State Route 100

3. Mailing Address

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.

City & State
Bunnell, FL

City & State

4. FEI Number
22-3692512

Applied For
Not Applicable

Zip
32110

Country
USA

Zip

Country

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

STORCH, GLENN D ESQUIRE
STORCH, HANSEN & MORRIS, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114

Name
James L. Manfre, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2285 East State Route 100
Suite 105
City Bunnell, FL Zip Code 32110

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 James L. Manfre, Esquire

2/23/00

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

439/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LENSSEN, WILLIAM
STREET ADDRESS 2801 JOHN ANDERSON HIGHWAY
CITY-ST-ZIP FLAGLER BEACH FL 32136-4702 ☒ Delete

TITLE Manager
NAME Leonard J. Fries
STREET ADDRESS 2584 S. Osprey Circle
CITY-ST-ZIP Beverly Bch, FL 32136 ☒ Change ☐ Addition

TITLE MGR
NAME HEINLEIN, GEORGE
STREET ADDRESS 308 WEST MAIN STREET
CITY-ST-ZIP SMITHTOWN NY ☒ Delete

TITLE Manager
NAME Rosario Cassata
STREET ADDRESS 200 West Main St.
CITY-ST-ZIP Babylon, NY 11702 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Leonard J. Fries

Feb. 23, 2000

904-437-3787

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

Date

Daytime Phone #

CR2E083 (9/99)