

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031935 SP

DOCUMENT # L99000007631

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

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2285 EAST STATE ROAD 100, SUITE 105  
BUNNELL FL 32110

Mailing Address  
2285 EAST STATE ROAD 100, SUITE 105  
BUNNELL FL 32110

2. Principal Place of Business  
2275 East Moody Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
2275 East Moody Blvd  
Suite, Apt. #, etc.

City & State  
Bunnell, FL

City & State  
Bunnell, FL

Zip  
32110

Country  
Flagler

Zip  
32110

Country  
Flagler

4. FEI Number 22-3692512

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MANFRE, JAMES L ESQUIRE  
2285 EAST STATE ROAD 100, SUITE 105  
BUNNELL FL 32110

## 7. Name and Address of New Registered Agent

Name  
Leonard J. Fries

Street Address (P.O. Box Number is Not Acceptable)  
2275 East Moody Blvd

City  
Bunnell

Zip Code  
FL 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 Leonard J. Fries 5/1/01

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

500004336795--7  
-05/31/01--01093--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIES, LEONARD J 2584 S. OSPREY CIRCLE BEVERLY BEACH FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSATA, ROSARIO 200 WEST MAIN ST. BABYLON NY 11702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

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.

Leonard J. Fries

5/1/01 386-437-3787

SIGNATURE:

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

Date

Daytime Phone #