

2000 UNIFORM BUSINESS REPORT (UBR)

0010062 AF

DOCUMENT # L99000007632

1. Entity Name
VBP AT LESLIE STREET, 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
22-3692515

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

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

7. Name and Address of New Registered Agent

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

1/31/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENSSSEN, WILLIAM 2801 JOHN ANDERSON HIGHWAY FLAGLER BEACH FL 32136-4702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINLEIN, GEORGE 308 WEST MAIN STREET SMITHTOWN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Leonard J. Fries 2584 S Osprey Circle Beverly Bch, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Rosario Cassata 200 West Main St. Babylon, NY 11702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 904-437-3787
Feb. 23, 2000

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

Date Daytime Phone #

CR2E083 (9/99)