

2001 UNIFORM BUSINESS REPORT (UBR)

0031838 SP

DOCUMENT # L99000007632

1. Entity Name
VBP AT LESLIE STREET, L.L.C.

FILED
01 MAY -3 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DO NOT WRITE IN THIS SPACE

City & State
Bunnell, FL

City & State
Bunnell, FL

Zip
32110

Country
Flagler

Zip
32110

Country
Flagler

4. FEI Number
22-3692515

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 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 Leonard J. Fries 5/1/01 386-437-3787
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

100004336791--0
-05/31/01--01093--001
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

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	MGR CASSATA, ROSARIO 200 WEST MAIN ST. BABYLON N NY 11702	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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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: Leonard J. Fries 5/1/01 386-437-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)