

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007633

1. Entity Name

VON BULOW PROPERTIES MANAGEMENT, L.L.C.

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

4. FEI Number

22-3692505

Applied For

Not Applicable

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME FRIES, LEONARD J
STREET ADDRESS 2584 S. OSPREY CIRCLE
CITY-ST-ZIP BEVERLY BEACH FL 32136

TITLE MGR ☐ Delete
NAME CASSATA, ROSARIO
STREET ADDRESS 200 WEST MAIN ST.
CITY-ST-ZIP BABYLON NY 11702

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 700004336797--1
STREET ADDRESS -05/31/01--01093--004
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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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.

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 #

CR2E083 (11/00)

0031986 SP