

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007703

1. Entity Name

SOVEREIGN PROPERTY GROUP, L.L.C.

Principal Place of Business

3260 UNIVERSITY BLVD., SUITE 210  
WINTER PARK FL 32792

Mailing Address

3260 UNIVERSITY BLVD., SUITE 210  
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8687 E VIA DE VENTURA

#310

SCOTTSDALE AZ

85258

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

4. FEI Number

59-3627336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00 OCT 16 PM 11:02



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*James B. Okane*

10/12/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
James B Okane  
8687 E VIA DE VENTURA #310  
SCOTTSDALE AZ 85258

☐ Delete

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10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

*James B. Okane*

CR2E083 (5/00)