

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007880**

1. Entity Name

EAST LAKE WOODLANDS PLAZA, LLC

FILED

00 FEB -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% JAMES L. CASE, P.A.
2810 E. OAKLAND PARK BLVD. #102
FORT LAUDERDALE FL 33306

Mailing Address

% JAMES L. CASE, P.A.
2810 E. OAKLAND PARK BLVD. #102
FORT LAUDERDALE FL 33306-1801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

147-12-8297

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~FILINGS, INC.~~

~~3732 N.W. 16TH STREET~~

~~FT. LAUDERDALE FL 33311-4132~~

James L. Case

2810 E. Oakland Park Blvd.

#102

Fort Lauderdale, FL

33306

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**MGRM
JONES, ARTHUR L
% 2810 E. OAKLAND PARK BLVD., #102
FORT LAUDERDALE FL 33306**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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

ARTHUR L. JONES

Date

954-563-1000

Daytime Phone #.