

2001 UNIFORM BUSINESS REPORT (UBR)

0012129 AF

DOCUMENT # L99000008065

1. Entity Name
S/EASTGATE PHASE II, LLC

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 SE 2nd St.
Suite, Apt. #, etc.

3. Mailing Address
300 SE 2nd St.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0963055

Applied For
Not Applicable

Zip Country
33301

Zip Country
33301

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, BRYAN
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
PATRICIA JONES
Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corp.
300 SE 2nd St.
City Ft. Lauderdale, FL Zip Code 33301

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/2/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME STILES, TERRY W
STREET ADDRESS 6400 N. ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME STILES, TERRY W.
STREET ADDRESS 300 SE 2nd St.
CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Terry W. Stiles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/01

954/627-9300

CR2E083 (11/00)