

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008252

1. Entity Name
DUE EAST VILLAGE ASSOCIATES, L.C.

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1942 MANDALA DRIVE
FAIRFIELD IA 52556

Mailing Address
1942 MANDALA DRIVE
FAIRFIELD IA 52556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Lakeshore Dr.

3. Mailing Address

100 Lakeshore Dr.

Suite, Apt. #, etc.

454

Suite, Apt. #, etc.

454

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.A.

Zip

33408

Country

USA

4. FEI Number

42-1491617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKETT, BRUCE ESQ.
756 BEACHLAND BLVD.
VERO BEACH FL 32963

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Enlightened Development Corporation

9. MANAGING MEMBERS/MEMBERS

TITLE by MGR. ☐ Delete
NAME Stuart Zimmerman, Pres
STREET ADDRESS 100 Lakoshore Dr #454
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE MGR. ☐ Delete
NAME Richard Bialosky
STREET ADDRESS 214 Aurora
CITY-ST-ZIP Boone, N.C. 82607

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
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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.

SIGNATURE: SIGNATURE REQUIRED

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

6/21/2000

Date

Daytime Phone #

(561) 799-2886

CR2E083 (9/99)