

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008265

1. Entity Name
ONLINENEIGHBORHOOD.COM, LLC

Principal Place of Business
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

Mailing Address
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 Centrepark Blvd

3. Mailing Address
1400 Centrepark Blvd

Suite, Apt. #, etc.
6th FL

Suite, Apt. #, etc.
6th FL

City & State
W. Palm Beach FL

City & State
W. Palm Beach FL

Zip
33401

Country
USA

Zip
33401

Country
USA

4. FEI Number
65-0975429

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RHODES, PAUL
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1400 Centrepark Blvd
6th FL
City
W. Palm Beach FL 33401

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 4-27-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM:
RHODES, PAUL
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

1400 Centrepark Blvd 6th FL
W. Palm Beach FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

1. 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 Paul Rhodes 4-27-00 561-659-5400

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

Date

Daytime Phone #

CR2E083 (9/99)