

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008634

1. Entity Name
THE BELL FAMILY LIMITED LIABILITY COMPANY

Principal Place of Business

1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

Mailing Address

1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

2. Principal Place of Business

P.O. Box 371166
Suite, Apt. #, etc.

3. Mailing Address

PO Box 371166
Suite, Apt. #, etc.

City & State

LAS VEGAS, NV

City & State

LAS VEGAS NV

Zip

89137

Country

USA

Zip

89137-1166

Country

USA

4. FEI Number

65-0974284

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, SUZAN
1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Rosemary Lindsey, Esq
Street Address (P.O. Box Number is Not Acceptable) Suite #603
2601 E. OAKLAND PARK BLVD
City Ft. Lauderdale FL Zip Code 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 Suzan Bell SUZAN BELL

DATE 1/16/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HART, CAROLE B
STREET ADDRESS 1015 SPANISH RIVER RD., #305
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE MGR
NAME BELL, SUZAN R
STREET ADDRESS 1015 SPANISH RIVER ROAD, #305
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME CAROLE BELL HART
STREET ADDRESS 4514 LAUREL RIDGE LANE
CITY-ST-ZIP MORGANTOWN, WV 26508 ☒ Change ☐ Addition

TITLE MGR
NAME SUZAN BELL
STREET ADDRESS PO BOX 371166
CITY-ST-ZIP LAS VEGAS, NV 89137-1160 ☒ Change ☐ Addition

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

TITLE
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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: Suzan Bell SUZAN BELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 1/16/01 501-703-6958
Daytime Phone #

CR2E083 (11/00)