

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008736

1. Entity Name

RANKIN/GRAVETT GROUP, LLC

FILED

01 JAN 22 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7531 HIGH RIDGE ROAD
BOYNTON BEACH FL 33426

Mailing Address

7531 HIGH RIDGE ROAD
BOYNTON BEACH FL 33426

2. Principal Place of Business

1300 NW 17th Ave.

Suite, Apt. #, etc.

Suite 255

City & State

Delray Beach, Florida

Zip

33445

Country

Palm Beach

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0968996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCHTMAN, BARBARA

7531 HIGH RIDGE ROAD

BOYNTON BEACH FL 33426

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

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 Managing Member ☐ Delete
STREET ADDRESS Richard M. Rankin, Jr.
CITY-ST-ZIP 7531 High Ridge Road
Boynton Beach, Fl. 33426

TITLE NAME Managing Member ☐ Delete
STREET ADDRESS Stephen E. Gravett
CITY-ST-ZIP 1101 Vista Del Mar Road
Delray Beach, Fl. 33445

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003582402--6
CITY-ST-ZIP -01/26/01--01141--001
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/01 561 243-9200
Date Daytime Phone #

CR2E083 (11/00)