2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

003927 SP

DOCUMENT # L99000009245

1. Entity Name
NORTH FLORIDA COMMERCE CENTER, LLC

Principal Place of Business	Mailing Address
2676 U.S. ROUTE 1 SOUTH ST. AUGUSTINE FL 32086	2676 U.S. ROUTE 1 SOUTH ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAUBARD, ROBERT
2676 U.S. ROUTE 1 SOUTH
ST. AUGUSTINE FL 32086

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAUBARD, ROBERT 2676 U.S. ROUTE 1 SOUTH ST. AUGUSTINE FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004274982--8 -05/21/01--01191--014 *****50.00 *****50.00	☐ Change ☐ Addition
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CR2E083 (11/00)

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.

Robert A. Graubard

SIGNATURE: ____________________ 3/26/01 904-797-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2

Form **SS-4** (Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
NORTH FLORIDA COMMERCE CENTER, L.L.C.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Robert Graubard

4a Mailing address (street address) (room, apt., or suite no.)
676 US 1 SOUTH

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
ST. AUGUSTINE, FL 32086

5b City, state, and ZIP code

6 County and state where principal business is located
ST JOHNS COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor
Robert Graubard

SSN or ITIN may be required (see instructions) ►
092-40-7005

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Other corporation (specify) ► LIMITED LIABILITY CORP.
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ► Real Estate Development
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
- ☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
12-29-99

11 Closing month of accounting year (see instructions)
12-31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ►
N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. See instructions.* ►

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (see instructions) ► REAL ESTATE DEVELOPMENT

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► ROBERT GRAUBARD Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed: ST. AUGUSTINE FL — Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(904) 797-5077

Name and title (Please type or print clearly.) ► Robert Graubard

Fax telephone number (include area code)
(904) 797-5448

Signature ► Robert Graubard Date ► 3/14/01

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying