

2001 UNIFORM BUSINESS REPORT (UBR)

0013613 AF

DOCUMENT # L99000009361

1. Entity Name
EDWARD'S PROPERTIES, LLC

FILED

01 MAR 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

Mailing Address
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
65-0982819

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEARGIN, WILLIAM E
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BRONCHEN, EDWARD L
STREET ADDRESS 1504 BREAKERS WEST BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE
NAME Bronstien
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition last name Spelling only

TITLE MGRM
NAME YEARGIN, WILLIAM E
STREET ADDRESS 7070 HIGH SIERRA CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS 200003984902--9
CITY-ST-ZIP -04/10/01--01063--020
*****50.00 *****50.00 ☒ Change ☐ Addition

TITLE MGR
NAME BRONSHEN, JAMES E
STREET ADDRESS 12891 MARSH POINTE WAY
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME Bronstien
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition last name Spelling only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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NAME
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/01 561-840-8101

CR2E083 (11/00)