APERUVEL

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000082 1. Entity Name SRK GLADES SQUARE ASSOCIATES LLC								AND FILED					
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·				ailing Address 053 MAPLE RD.				FALLAHASSEE. FLORIDA					
amherst ny	14226		HERST NY 14226			i	{ 1 1 1 1	AND NAME OF SE		ı Ba ğlı Ballı Bi	(
2. Principal F	Place of Busin	ness	failing Address										
Suite, Apt. #, etc. Si				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State C				City & State				4. FEI Number					
Zip Country			Zi	Zip Coun				5. Certi	ficate of S	192 tatus Desired	<u>-00</u>	\$5.00	
	6. Name	and Address of Current I	Realste	red Agent							Registered	Fee:Requ	ired
Name											· · · · · · · · · · · · · · · · · · ·		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address			Address (F	(P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324													
						City					F	Zip C	ode
8. The above	named entity	y submits this statement for	the pur	pose of changing its	registere	ed office o	r registere	ed agent, e	or both, in	the State of	Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if a	policable. (NOTE	: Registere	d Agent signat	ure required	when reinstati	na)		DATE		
. Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent and talle if applicable.										CHH.	1163	3099	98
	Make Check Pay				State)8/01 ⊭*50.00					
9.	,	MANAGING MEMBE	RS/ME	MBERS	10.						S/CHANGE		
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NAME STREET ADDRESS					NAMI STRE	E Et address	14053	h. P. Maple	LOW	7 <u> </u>			
CITY-ST-ZIP						-ST-ZIP	Amh	ust,1	UY 142	126			
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TITLE NAME		•		☐ Delete	TITLE							☐ Change	e [_] Addition
STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS -ST-ZIP							
11. I hereby c	ertify that the	e information supplied with	this filin	g does not qualify for	the exer	mption sta	ted in Sec	tion 119.0	7(3)(i), Fk	orida Statutes	s, I further ce	ertify that the	e information
indicated	on this repor	t is true and accurate and t y or the receiver or trustee	hat my :	signature shall have th	ne same	e legal effe	ct as if ma	ade under	oath; that	I am a man	aging memb	er or mana	ger of the

P. Jeffrey Birtch

Vice President

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/16/aí