

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026443 AF

**DOCUMENT # M00000000814**

**1. Entity Name**  
FLORIDA 4C PROPERTIES, LLC

FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

25 FORD ROAD  
WESTPORT CT 06880

Mailing Address

25 FORD ROAD  
WESTPORT CT 06880

**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**

06-1580284

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

LEXIS DOCUMENT SERVICES  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311

**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 Florida 4C Management, Inc. ☐ Delete  
STREET ADDRESS 25 Ford Road  
CITY-ST-ZIP Westport, CT 06880

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

TITLE NAME 200003819082 ☐ Change ☐ Addition  
STREET ADDRESS -03/08/01--01086--013  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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:** BY: *Robert Ellis* (Managing Member)  
Robert Ellis, President

02-06-01

203-341-6592

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

Date

Daytime Phone #

CR2E083 (11/00)