

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000201

**DOCUMENT # M00000001567**

1. Entity Name  
**FORT PIERCE PROPERTIES, LLC**

Principal Place of Business: **4300 OKEECHOBEE ROAD, ORANGE BLOSSOM MALL, FORT PIERCE FL 34947**  
 Mailing Address: **4300 OKEECHOBEE ROAD, ORANGE BLOSSOM MALL, FORT PIERCE FL 34947**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**FILED**  
 01 JUL 20 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: \_\_\_\_\_  Applied For  
 Not Applicable

5. Certificate of Status Desired:  \$5:00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KIEHN, ROLAND W  
 220 MCKENZIE AVENUE  
 PANAMA CITY FL 32402**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

**100004495411--2**  
**-07/25/01--01045--034**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FORT PIERCE MANAGEMENT, L.L.C. 5600 BRAINERD ROAD, SUITE D-4 CHATTANOOGA TN 37411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STAPLE CHECK HERE

CR2E083 (5/01)

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:** N. SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #