

2001 UNIFORM BUSINESS REPORT (UBR)

0029155 AF

DOCUMENT # M00000001819

1. Entity Name

EUSTIS LAND DEVELOPMENT, LLC

FILED

01 MAR 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

34555 CHAGRIN BLVD.
CHAGRIN FALLS OH 44022

Mailing Address

34555 CHAGRIN BLVD.
CHAGRIN FALLS OH 44022

2. Principal Place of Business

3. Mailing Address

34555 Chagrin Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Moreland Hills OH

Zip

Country

Zip

Country

44022 US

4. FEI Number

34-1932170

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

100003993061-4

-04/12/01--01006--022

*****50.00 *****50.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
WOLSTEIN BERTRAM L. TRUSTEE MGRM
WITH DATED 10/26/95
34555 CHAGRIN BLVD
MORELAND HILLS OH 44022

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT, SECRETARY, MANAGER
McGILL, JOHN R MGRM
34555 CHAGRIN BLVD
MORELAND HILLS OH 44022

☐ Change ☐ Addition

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CITY-ST-ZIP

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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: X

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

Date

Daytime Phone #

3/15/01

440-2417

1711

CR2E083 (11/00)