

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002050

1. Entity Name

GENEVA DEVELOPMENT GROUP, LLC

FILED

01 MAY -7 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5417 LUCKY CLOVER STREET
LAS VEGAS NV 89149

Mailing Address

5417 LUCKY CLOVER STREET
LAS VEGAS NV 89149

2. Principal Place of Business

3620 N. Rancho Dr

Suite, Apt. #, etc.

Suite 111

City & State

Las Vegas, NV

Zip 89130

Country

USA

3. Mailing Address

3620 N. Rancho Dr

Suite, Apt. #, etc.

Suite 111

City & State

Las Vegas, NV

Zip

89130

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0437827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JURGENS, J A

505 WEKIVA SPRINGS ROAD, SUITE 500

LONGWOOD FL 32779

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 MGR
NAME TALBOT, TIMOTHY J
STREET ADDRESS 5417 LUCKY CLOVER STREET
CITY-ST-ZIP LAS VEGAS NV 89149

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3620 N. Rancho Dr
CITY-ST-ZIP Las Vegas, NV 89130

TITLE
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

Timothy J. Talbot 4/30/01 (702) 655-0105