

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002268

1. Entity Name
TITUSVILLE POINTE, LLC

FILED

01 MAR -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1111 KANE CONCOURSE, STE. 401~~
~~BAY HARBOR ISLANDS FL 33154~~

~~1111 KANE CONCOURSE, STE. 401~~
~~BAY HARBOR ISLANDS FL 33154~~



2. Principal Place of Business

3. Mailing Address

COMMUNITY PLANNING ASSOCIATES
Suite, Apt. #, etc.

123 NW 13 ST
Suite, Apt. #, etc.

123 NW 13 ST. SUITE 208

SUITE 208

City & State
BOCA RATON, FL

City & State
BOCA RATON FL

4. FEI Number
65-1055962 NOT APPLICABLE

Applied For
Not Applicable

Zip
33432

Country
US

Zip
33432

Country
US

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

SAKOWITZ, ALAN
1111 KANE CONCOURSE, STE. 401
BAY HARBOR ISLANDS FL 33154

Name COMMUNITY PLANNING ASSOCIATES, INC. ✓
Street Address (P.O. Box Number is Not Acceptable)
123 NW 13 ST SUITE 208
City BOCA RATON FL Zip Code 33432

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

3/3/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SOL HEIFETZ
STREET ADDRESS 910 COMMUNITY PLANNING ASSOCIATES
CITY-ST-ZIP 123 NW 13 ST SUITE 208 BOCA RATON, FL 33432

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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 #

3/3/01 561-368-6622

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CR2E083 (11/00)