

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000649

1. Entity Name

LAUDERDALE-STAPLES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:46

Principal Place of Business

5603 NORTH STATE ROAD 7
FORT LAUDERDALE FL 33319

Mailing Address

5603 NORTH STATE ROAD 7
FORT LAUDERDALE FL 34995-0359



2. Principal Place of Business

2440 SE Federal Hwy.

3. Mailing Address

PO Box 359

Suite, Apt. #, etc.

Ste. 600

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0845251

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARFF, BURTON G
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

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 CRANDALL, ROBERT C ☐ Delete
STREET ADDRESS 5603 NORTH STATE ROAD 7
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE MGR
NAME GARRIS, STANLEY R ☐ Delete
STREET ADDRESS 5603 NORTH STATE ROAD 7
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 3000003121573--1
STREET ADDRESS -02/02/00--01104--015
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 OR MANAGER

CHAR O'DONNELL

1-26-00

561-287-1844

Date

Daytime Phone #