

2001 UNIFORM BUSINESS REPORT (UBR)

0023668 AF

DOCUMENT # M98000000813

1. Entity Name
LAUDERDALE-CORNERSTONE, L.L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2440 SE FEDERAL HIGHWAY, SUITE 600
STUART FL 34994

Mailing Address
P.O. BOX 359
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0847583

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CRANDALL, ROBERT C
STREET ADDRESS 5603 NORTH STATE ROAD 7
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE MGR
NAME CRANDALL, ROBERT C.
STREET ADDRESS 2440 SE FEDERAL HIGHWAY, SUITE 600
CITY-ST-ZIP STUART, FLORIDA 34994

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

TITLE MGR
NAME GARRIS, STANLEY R.
STREET ADDRESS 2440 SE FEDERAL HIGHWAY, SUITE 600
CITY-ST-ZIP STUART, FLORIDA 34994

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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 #

Stanley R. Garris (STANLEY R. GARRIS) 4/2/01 561-287-1844

CR2E083 (11/00)