

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001273

1. Entity Name

SAVANNAH COURT OF ST. CLOUD, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business

% ATLANTIC CAPITAL GROUP
777 SOUTH FLAGLER DR., SUITE 800 WEST
WEST PALM BEACH FL 33401

Mailing Address

% ATLANTIC CAPITAL GROUP
777 SOUTH FLAGLER DR., SUITE 800 WEST
WEST PALM BEACH FL 33401-6161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4152 W. Blue Heron Blvd

Suite, Apt. #, etc.

Suite 120

City & State

Riviera Beach, FL

Zip

33404

Country

USA

3. Mailing Address

4152 W. Blue Heron Blvd.

Suite, Apt. #, etc.

Suite 120

City & State

Riviera Beach, FL

Zip

33404

Country

USA

4. FEI Number

65-0851992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDORF, PAMELA J ESQ.
WINTHROP, STIMSON, PUTNUM & ROBERTS
125 WORTH AVE., SUITE 310
PALM BEACH FL 33480

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 MGRM ☐ Delete
NAME ATLANTIC CAPITAL GROUP % CHUAN S. WANG
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 800 WEST
CITY- ST- ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4152 W. Blue Heron Blvd, #120
CITY- ST- ZIP Riviera Beach, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003131376--4
CITY- ST- ZIP -02/10/00--01085--009
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

CR2E083 (9/99)