

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001273

1. Entity Name

SAVANNAH COURT OF ST. CLOUD, LLC

FILED

01 FEB 12 AM 11:45

Principal Place of Business

4152 W. BLUE HERON BLVD., SUITE 120
RIVIERA BEACH FL 33404

Mailing Address

4152 W. BLUE HERON BLVD., SUITE 120
RIVIERA BEACH FL 33404

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1301 N. Congress Avenue

Suite, Apt. #, etc.

Suite 130

3. Mailing Address

1301 N. Congress Ave.

Suite, Apt. #, etc.

Suite 130

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0851992

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33426

Country

USA

Zip

33426

Country

USA

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 NAME MGRM ☐ Delete
STREET ADDRESS ATLANTIC CAPITAL GROUP % CHUAN S. WANG
CITY-ST-ZIP 4152 W. BLUE HERON BLVD., SUITE 120
RIVIERA BEACH FL 33404

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1301 N. Congress Avenue, Suite 130
CITY-ST-ZIP Boynton Beach, FL 33426

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003719162-2
CITY-ST-ZIP -02/19/01--01136--015
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-5-01

(813) 734-7177

CR2E083 (11/00)

0013524 AF