

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002101

1. Entity Name

BROOKWOOD OCEAN GRANDE MANAGEMENT CO., LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

55 TOZER RD

Suite, Apt. #, etc.

3. Mailing Address

55 TOZER RD

Suite, Apt. #, etc.

City & State

Beverly MA

City & State

Beverly MA

Zip

01915

Country

USA

Zip

01915

Country

USA

4. FEI Number

04-3493024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays St
Tallahassee FL 32301-2525

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 ☐ Delete

Trkla, Thomas N.

STREET ADDRESS 55 TOZER RD

CITY-ST-ZIP: Beverly MA 01915

TITLE NAME ☐ Delete

Brown, Thomas W.

STREET ADDRESS 55 TOZER RD

CITY-ST-ZIP: Beverly MA 01915

TITLE NAME ☐ Delete

Mael, Joel A.

STREET ADDRESS 1350 Ave of the Americas S.

CITY-ST-ZIP: New York NY 10019

TITLE NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

600003222196--6

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*****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

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:

Evered, Lela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-5-00

Date

Daytime Phone #

CR2E083 (11/99)