

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004197

1. Entity Name

THE LITTLE RIVER INDUSTRIAL DISTRICT PROPERTY OW

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90121 039 \*\*\*\*61.25

Principal Place of Business Mailing Address  
AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE. 28 FLOOR  
MIAMI FL 3313  
AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE. 28 FLOOR  
MIAMI FL 33131-1715

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0730367  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BEZOLD, RICHARD M ESQ.  
AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE, 28 FLOOR  
MIAMI FL 3313

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 \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS  
TITLE PD  
NAME FLANDERS, R  
STREET ADDRESS 6851 NE 2ND AVE  
CITY-ST-ZIP MIAMI FL 33138  
TITLE VD  
NAME STEINER, MICHAEL S  
STREET ADDRESS 290 S.E. 68TH STREET  
CITY-ST-ZIP MIAMI FL 33138  
TITLE STD  
NAME PUMO, BENNET  
STREET ADDRESS 7327 N.W. MIAMI COURT  
CITY-ST-ZIP MIAMI FL 33150  
TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Flanders* REQUIRE *Richard Flanders* 4-26-00 305-795-7709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)