

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00160

1. Entity Name
OTTER TRACE, L.C.

FILED

00 JAN 18 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
535 DELANNOY AVE.
COCOA FL 32922

Mailing Address
P.O. BOX 129
COCOA FL 32923-0129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3053162

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

HARRIS, DEWEY L
490 GREENVIEW RD.
MERRITT ISLAND FL 32952

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

10. ADDITIONS / CHANGES

TITLE MEM
NAME IMHOOF, CLAUDE ☐ Delete
STREET ADDRESS 1615 NEWFOUND HARBOR DRIVE
CITY- ST- ZIP MERRITT ISLAND FL 32952

TITLE
NAME 10000311521 ☐ Change ☐ Addition
STREET ADDRESS -01/28/00--01092--020
CITY- ST- ZIP *****50.00 *****50.00

TITLE MEM
NAME IMHOOF, MARLISE ☐ Delete
STREET ADDRESS 1615 NEWFOUND HARBOR DRIVE
CITY- ST- ZIP MERRITT ISLAND FL 32952

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

TITLE MGR
NAME HARRIS, DEWEY ☐ Delete
STREET ADDRESS 490 GREENVIEW ROAD
CITY- ST- ZIP MERRITT ISLAND FL 32952

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

TITLE MEM
NAME HAMILTON, IRENE ☐ Delete
STREET ADDRESS 1550 CHASE HAMMOCK ROAD
CITY- ST- ZIP MERRITT ISLAND FL 32953

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐
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 REQUIRED
Dewey L. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-13-2000 321.636.0426

Date

Daytime Phone #