

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00303**

1. Entity Name

COONEY-MIDWAY GROVE, L.C.

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11666 LOST TREE WAY
NORTH PALM BEACH FL 33408

Mailing Address

11666 LOST TREE WAY
NORTH PALM BEACH FL 33408-2911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0221921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID J

11666 LOST TREE WAY

NORTH PALM BEACH FL 33408

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
BEFORD, GERALD
66 W. FLAGLER ST.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
BLUMENTHAL, EDWARD
7300 SW 122ND ST.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
COONEY, THOMAS G.
13400 SW 80TH AVE.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
COONEY, PAULA C.
13400 SW 80TH AVE.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
DEAQUINOS, ROBERT
4409 SUNRISE BLVD.
FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
DEAQUINOS, DOROTHY R.
4409 SUNRISE BLVD.
FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003119348-7
-02/01/00--01122--012
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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:

 **REQUIRED**

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

JAN 15, 2000

Date

561-466-1922

Daytime Phone #