

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023791 AF

**DOCUMENT # L93000000221**  
 1. Entity Name  
**ORANGE AVENUE DRENCH, L.C.**

**FILED**

**01 FEB -5 AM 9:56**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2000 N KINGS HWY FT PIERCE FL 34951</b>	Mailing Address <b>P.O. DRAWER 670 FORT PIERCE FL 34954</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0418747</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**MINTON, JOHN L  
 2000 N KINGS HWY  
 FT PIERCE FL 34951**

**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 \_\_\_\_\_ (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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MAN MINTON, JOHN L</b>	<b>2000 N KINGS HWY</b>	<b>FT PIERCE FL 34951</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

100003677341--3  
 -02/13/01--01087--021  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

*Handwritten signature*

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]* **John L. Minton, Manager** **1/29/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #

CR2E083 (11/00)