2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 08:00 AM
Secretary of State

DOCUMENT # **L99000005148**

1. Entity Name
CLOVERLEAF CAPITAL ADVISORS, LLC

Principal Place of Business	Mailing Address
2710 REW CIRCLE, SUITE 100	2710 REW CIRCLE, SUITE 100
OCOEE FL	OCOEE FL
34761	34761

2. Principal Place of Business	**3.** Mailing Address
2704 REW CIRCLE	2704 REW CIRCLE
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.: SUITE 105
City & State: OCOEE FL	City & State: OCOEE FL
Zip: 34761 Country:	Zip: 34761 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3592956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS E. NICHOLAS III
2710 REW CIRCLE, SUITE 100
OCOEE FL
34761

7. Name and Address of New Registered Agent

Name
DAVIS E. NICHOLAS III
Street Address (P.O. Box Number is Not Acceptable)
2704 REW CIRCLE
SUITE 105
City
OCOEE
FL
Zip Code
34761

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 ______________________________ 02/07/2000
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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	DAVIS E. NICHOLAS III		NAME	DAVIS E. NICHOLAS III	
STREET ADDRESS	2710 REW CIRCLE, SUITE 100		STREET ADDRESS	2704 REW CIRCLE, SUITE 105	
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP	OCOEE FL 34761	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 E. NICHOLAS DAVIS III MGMR 02/07/2000