2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 08:00 AM
Secretary of State

DOCUMENT # **L99000005148**

1. Entity Name
CLOVERLEAF CAPITAL ADVISORS, LLC

Principal Place of Business	Mailing Address
2704 REW CIRCLE SUITE 105 OCOEE FL 34761	2704 REW CIRCLE SUITE 105 OCOEE FL 34761

2. Principal Place of Business		3. Mailing Address	
2710 REW CIRCLE		2710 REW CIRCLE	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.: SUITE 100	
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	7. Name and Address of New Registered Agent
DAVIS E. NICHOLAS III 2704 REW CIRCLE SUITE 105 OCOEE FL 34761	Name: DAVIS E. NICHOLAS III Street Address (P.O. Box Number is Not Acceptable): 2710 REW CIRCLE SUITE 100 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 **E. NICHOLAS DAVIS, III** **02/07/2001**
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	MGRM DAVIS E. NICHOLAS III 2704 REW CIRCLE, SUITE 105 OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS E. NICHOLAS III 2710 REW CIRCLE, SUITE 100 OCOEE FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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 MGRM 02/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #