2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT# L9900	0005252		FIL 01 APR 30	;	
	•	· -				
Principal Place of Business Mailing Address				SECRETARY TALLAHASSI	E. FLORIDA	
112 SOUTH I ORLANDO FU	Lake avenue L 32801	112 SOUTH LAKE AVENU ORLANDO FL 32801	E			
Principal Place of Business 3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3594562	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Rec		
Name				·		
HENDERSON, J. SCOTT			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
112 SOUTH LAKE AVENUE ORLANDO FL 32801						
OHENIO	0 1 L 02001		City		FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	agistered office or register	ered agent, or both, in the State of Florid		
SIGNATURE	Signature, typed or printed name of registered agent ar	FILE NO	Registered Agent signature require WI!! FEE IS \$50.00 able to Department	9000042	DATE 120999U 0101118039 0.00 ******50.00	
9.	MANAGING MEMBE		10.	ADDITIONS/C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J.L. LAND DEVELOPMENT, INC. 101 SPANISH MOSS RD DAVENPORT FL 33837	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TBS DEVELOPMENT-ORLANDO, II 112 SOUTH LAKE AVENUE ORLANDO FL 32801	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTE STEE STEEL	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE • NAME . STREET ADDRESS CITY-ST-ZIP •	.2	☐ 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	
 I hereby c indicated 	ertify that the information supplied with t on this report is true and accurate and t	nis tiling does not qualify fo hat my signature shall have if	the exemption stated in S ne same legal effect as if i	ection 119.07(3)(i), Florida Statutes. I fu made under oath; that I am a managing	rther certify that the information g member or manager of the	

NATURE: MANUEL FINAL SCOTT, V-P, J.L. Land Dove 2 pa out 863-424-63 signature and typed or printed name of signing managing member, ma vager, or authorized representative 4/3 gae 3 Dayline Phone #