2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000311

1. Entity Name

HOLTZ ENTERPRISES, LLC

Principal Place of Business	Mailing Address
9209 CROMWELL PARK PLACE ORLANDO, FL 32827	

2. Principal Place of Business
1801 JASMINE DR
Suite, Apt. #, etc.

3. Mailing Address
1801 JASMINE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL	City & State TALLAHASSEE, FL	**4. FEI Number** 35-1916344	Applied For
			Not Applicable
Zip 32308	Country USA	Zip 32308	Country USA	**5. Certificate of Status Desired** ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTZ, KEVIN
1801 JASMINE DR
TALLAHASSEE, FL 32327

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 _____
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER HOLTZ, KEVIN (MGR) 1801 JASMINE DR TALLAHASSEE FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003301911---7 --06/22/00--01101--018 ******50.00 ******50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/99)

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: _____ 6/19/00   2225997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #