

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001352

1. Entity Name
SEGERA RANCH L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:14

Principal Place of Business
9922 LAKE LOUISE DRIVE
WINDERMERE FL 34786

Mailing Address
9922 LAKE LOUISE DRIVE
WINDERMERE FL 34786-8962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3446764

Applied For
Not Applicable

Zip Country

Zip Country

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

**MARDER, MICHAEL
GREENSPOON, MARDER ETAL
135 W CENTRAL BLVD, SUITE 1100
ORLANDO FL 32801**

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

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **RUGGIERI, JOHN**
CITY-ST-ZIP **9922 LAKE LOUISE DRIVE
WINDERMERE FL 34786**

TITLE Change Addition
NAME
STREET ADDRESS **700003121657--8**
CITY-ST-ZIP **-02/03/00--01003--006**
*******50.00** Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
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)(l), 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **1-27-2000** Daytime Phone # **407-876-6779**