

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005988**

1. Entity Name  
**SWADS, L.L.C.**

FILED

00 APR 10 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH 1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH  
LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 32830-8402



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 500 SOUTH BUENA VISTA STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
BURBANK, CA 59-3599917 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required  
91521-0586 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IOPPOLO, FRANK S  
1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH  
LAKE BUENA VISTA FL 32830

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C		NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH		STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSLER, PAUL S		NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET		STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L		NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET		STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, JAMES		NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH		STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L		NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET		STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

900003221699--7  
-04/24/00--01165--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

dcc

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: MARSHA L. REED SIGNATURE REQUIRED 4-6-00 (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #