

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000961

1. Entity Name
116 ASSOCIATES, L.C.

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
24 SOUTH ORANGE AVENUE, SUITE 203
ORLANDO FL 32801

Mailing Address
24 SOUTH ORANGE AVENUE, SUITE 203
ORLANDO FL 32801-2606

2. Principal Place of Business
PO BOX 547898

3. Mailing Address
PO BOX 547898

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO, FL

4. FEI Number
59-3564445

Applied For
Not Applicable

Zip
32854-7898

Country
USA

Zip
32854-7898

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE, SUITE 203
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
GLEN L. SPIVEY
Street Address (P.O. Box Number is Not Acceptable)
1137 EDGEWATER DRIVE
City
ORLANDO FL Zip Code
32804

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]* GLEN L. SPIVEY, MANAGER 5/18/00
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	MGR SPIVEY, GLEN L 1137 EDGEWATER DRIVE ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003283688-6 -06/09/00-01113--003 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* GLEN L. SPIVEY, MANAGER 5/18/00 407 423-1430
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)