

2001 UNIFORM BUSINESS REPORT (UBR)

682 1/00

DOCUMENT # L00000011753

1. Entity Name

O.R. BUSINESS CENTER, LLC

Principal Place of Business

31 OCEAN REEF DRIVE, SUITE C-300
KEY LARGO FL 33037

Mailing Address

31 OCEAN REEF DRIVE, SUITE C-300
KEY LARGO FL 33037

2. Principal Place of Business

35 Ocean Reef Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Largo, Florida

Zip

Country

33037

USA

City & State

Zip

Country

4. FEI Number

65-1042993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUBAN, KENNETH A

31 OCEAN REEF DRIVE, SUITE C-300
KEY LARGO FL 33037

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

TITLE Manager/President ☐ Delete
NAME Paul M. G. Astbury
STREET ADDRESS 31 Ocean Reef Drive, C-300
CITY-ST-ZIP Key Largo, FL 33037

TITLE Manager/Vice President ☐ Delete
NAME Jack Duncan
STREET ADDRESS 31 Ocean Reef Drive, C-300
CITY-ST-ZIP Key Largo, FL 33037

TITLE Vice President/Secretary ☒ Delete
NAME Kenneth A. Luban
STREET ADDRESS 31 Ocean Reef Drive, C-300
CITY-ST-ZIP Key Largo, FL 33037

TITLE Vice President/Treasurer ☐ Delete
NAME Suzanne C. Anderson
STREET ADDRESS 31 Ocean Reef Drive, C-300
CITY-ST-ZIP Key Largo, FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003657191--6
CITY-ST-ZIP -02/08/01--01021--011
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Kenneth A. Luban

Kenneth A. Luban 01/15/01 (305) 367-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)