

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011975

1. Entity Name
PRYOR ENTERPRISES LLC

Principal Place of Business
8606 BAY HILL BOULEVARD
ORLANDO FL 32879

Mailing Address
8606 BAY HILL BOULEVARD
ORLANDO FL 32879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32819

Country

Zip

Country

4. FEI Number

SS# 324-38-8510

Applied For

Not Applicable

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

PRYOR, NORMAN D
8606 BAY HILL BOULEVARD
ORLANDO FL 32879

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 32819

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 Norman D Pryor

4-20-01

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

500004422475-1
-06/15/01--01062--004
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Marcia A. Pryor
STREET ADDRESS 8606 Bay Hill Blvd
CITY-ST-ZIP Alt, FL 32819

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: X Norman D Pryor

4-20-01

407.876.0835

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

Date

Daytime Phone #

CR2E083 (11/00)

0006097 AF

FILED
01 MAY 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE