

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90018 040 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000078

1. Entity Name

ORLANDO DEVELOPMENT GROUP I LLC

Principal Place of Business

Mailing Address

54 S. KIRKMAN ROAD SUITE E  
ORLANDO FL 32811P.O. BOX 617095  
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

MYRICK, BRUCE C  
54 S. KIRKMAN ROAD SUITE E  
ORLANDO FL 32811

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYRICK, BRUCE C 54 S. KIRKMAN RD. SUITE E ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: B. Myrick

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

Date

Daytime Phone #

Bruce C. Myrick, 1/12/02 407-521-0104

CR2E083 (9/01)

Attachment  
23884**FACSIMILE TRANSMISSION  
INTERNAL REVENUE SERVICE**

#40000000078

**ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TIN UNIT STOP 751  
DORAVILLE, GA 30362**DATE 1-12-00 RECD \_\_\_\_\_ TIME \_\_\_\_\_NAME Bruce C. Myrick FAX NUMBER 407-521-0105IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY(IES) SHOWN BELOW. YOU SHOULD  
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.COMPANY NAME: Orlando Development Group I LLCEMPLOYER IDENTIFICATION NUMBER (EIN): 59-3616535

COMPANY NAME: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER (EIN): \_\_\_\_\_

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