

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000374

1. Entity Name

CED CAPITAL HOLDINGS XIV O, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 26 PM 3:19

Principal Place of Business

1551 SANDSPUR ROAD  
MAITLAND FL 32751

Mailing Address

1551 SANDSPUR ROAD  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32802

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32751

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 NAME MGR BROCK, JAY P ☐ Delete  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME MGR DOODY, TRICIA ☐ Delete  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME MGR SCIARRINO, MICHAEL J ☐ Delete  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME MGR GINSBURG, ALANAEL II ☐ Delete  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 600003602198-90 ☐ Change ☐ Addition  
STREET ADDRESS -01/30/01--01098--006  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME GINSBURG, ALAN H. ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

1-25-01

407/741-8500

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

Date

Daytime Phone #

CR2E083 (11/00)