

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001288

1. Entity Name
BURMONT PROPERTIES, L.C.

FILED

JUN 21 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3081 SOUTH HORIZON PLACE
OVIEDO FL 32765

Mailing Address
3081 SOUTH HORIZON PLACE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0531588

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

BURR, BETTY

~~3081 SOUTH HORIZON PLACE~~

~~OVIEDO FL 32765~~

Name Betty Burr - Pres

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

3856 Orangelake Dr.

City Orlando

FL

Zip Code 32817

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

10. ADDITIONS/CHANGES

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE V. Pres.
NAME Cindy Montez
STREET ADDRESS 5390 N. Lake Burkett Ln.
CITY-ST-ZIP Winter Park, FL 32792
☐ Change ☒ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE Secretary
NAME William D. Burr
STREET ADDRESS 3856 Orangelake Dr.
CITY-ST-ZIP Orlando, FL 32817
☐ Change ☒ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE Treasurer
NAME Ramiro Montez
STREET ADDRESS 5390 N. Lake Burkett Ln.
CITY-ST-ZIP Winter Park, FL 32792
☐ 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: _____

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

Date

Daytime Phone #

4-24-01 407-359-8632

CR2E083 (11/00)