

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001288

1. Entity Name

BURMONT PROPERTIES, L.C.

** Amended **

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

3856 Orange Lk. Dr.

3. Mailing Address

3856 Orange Lk. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

Zip

32817

Country

9/26

DO NOT WRITE IN THIS SPACE

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

BURR, BETTY
3081 SOUTH HORIZON PLACE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name: Betty Burr
Street Address (P.O. Box Number is Not Acceptable): 3856 Orange Lk 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

Due By September 26, 2001

500004616385--8

-09/28/01--01049--010

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Betty Burr
CITY-ST-ZIP	3856 ORANGE LK. DR. Orlando, FL 32817
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Cindy Montez
CITY-ST-ZIP	5390 N. LK. Burkett Ln Winter Park, FL 32792
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	William Burr
CITY-ST-ZIP	3856 Orange Lk. Dr. Orlando, FL 32817
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Ramiro Montez
CITY-ST-ZIP	5390 N. LK. Burkett Ln. Winter Park, FL 32792
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

9-24-01

407-671-3231

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE