

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003488

1. Entity Name

OUT OF HAND WINTER PARK, L.L.C.

Principal Place of Business

7536 DR. PHILLIPS BOULEVARD, STE 360
ORLANDO FL 32877

Mailing Address

7536 DR. PHILLIPS BOULEVARD, STE 360
ORLANDO FL 32877

FILED

01 MAR 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

702 N. Orange Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box T70095
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Orlando, FL

4. FEI Number

59-3631653

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32877

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1031 WEST MORSE BOULEVARD, SUITE 105
WINTER PARK FL 32789

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 MGRM ☐ Delete
NAME KATZ, GREGORY H
STREET ADDRESS 7536 DR. PHILLIPS BOULEVARD, SUITE 360
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME KATZ, GREGORY H
STREET ADDRESS 6832 Echo Lane
CITY-ST-ZIP Lakeland, FL 33813

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

TITLE ☐ Change ☐ Addition
NAME 400003853944
STREET ADDRESS -03/15/01--01049--017
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Gregory H. Katz

Date

3/4/01

Daytime Phone #

407-599-3747

CR2E083 (11/00)

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