

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003518

1. Entity Name  
OLD VINES, LLC

FILED

01 MAY -7 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8138 ANATTO COURT  
ORLANDO FL 32822

Mailing Address  
8138 ANATTO COURT  
ORLANDO FL 32822



2. Principal Place of Business

3. Mailing Address

709 N. ALAFAYA TR

709 N. ALAFAYA TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number

59-3639390

Applied For

Not Applicable

Zip

32828-7047

Country

ORANGE

Zip

32828-7047

Country

ORANGE

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

BRENNAN, DAVID C

201 S. ORLANDO AVENUE, SUITE 1090  
ORLANDO FL 32801

New Address

Name

DAVID BRENNAN, DAVID C.

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

201 E. PINE ST, SUITE 425

City

ORLANDO

FL

Zip Code

32801

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

BRENNAN, DAVID C.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

200004375272--2

-06/07/01--01032--016

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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  
MGRM  
RAPPORT, REID V  
8138 ANATTO COURT  
ORLANDO FL 32822 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALT, RICHARD  
4225 INWOOD LANDING DRIVE  
ORLANDO FL 32812 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ 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: RICHARD ALT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01 407 737 6474  
Date Daytime Phone #