

2001 UNIFORM BUSINESS REPORT (UBR)

0025535 AF

DOCUMENT # L00000003609

1. Entity Name
MPR INVESTMENTS, LC

Principal Place of Business

~~3216 SLOANE STREET~~
ORLANDO FL 32827

Mailing Address

~~3216 SLOANE STREET~~
ORLANDO FL 32827

2. Principal Place of Business

500 N. MAITLAND AVE

3. Mailing Address

500 N. MAITLAND AVE

Suite, Apt. #, etc.

313

Suite, Apt. #, etc.

313

City & State

MAITLAND FL

City & State

MAITLAND FL

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

4. FEI Number

59-3652319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
20 N. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

300 S. ORANGE AVE, STE #1000

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

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
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MEM
FIAT TEAM PROPERTIES, LLC
500 N. MAITLAND AVE, #313
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MEM
ORLANDO LAND OFFICE ENT.
3852 L.B. MCLEOD ROAD
ORLANDO, FL 32805

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300004085773--9
-04/27/01--01079--017
*****58.00 *****58.00

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

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

John Lumpkin

Date

Daytime Phone #

2/2/01 407-291-1448

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

2001 APR 20 AM 11:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA