

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0000C003916

1. Entity Name  
FIRST TEAM PROPERTIES, LLC

Principal Place of Business

2455 U.S. HIGHWAY 17-92  
LONGWOOD FL 32750

Mailing Address

2455 U.S. HIGHWAY 17-92  
LONGWOOD FL 32750

2. Principal Place of Business

500 N. Maitland Ave.

Suite, Apt. #, etc.

Suite 314

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Address

500 N. Maitland Ave.

Suite, Apt. #, etc.

Suite 314

City & State

Maitland, FL

Zip

32751

Country

4. FEI Number

59-3652321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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.

Suite 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

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ 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]*

W. Warner Peacock

Date

4/10/01

Daytime Phone #

407-622-8864

CR2E083 (11/00)

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