

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004480

1. Entity Name
VISITORS FLEA MARKET, LLC.

FILED

01 FEB 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~9700 KILGORE ROAD~~
~~ORLANDO FL 32830-5700~~

Mailing Address

~~9700 KILGORE ROAD~~
~~ORLANDO FL 32830-5700~~

2. Principal Place of Business

5811 W. Irlo Branson
Suite, Apt. #, etc.

3. Mailing Address

5811 W. Irlo Branson Hwy.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee

City & State

Florida 34746

Zip

34746

Country

Osceola

Zip

34746

Country

Osceola

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POHL, FRANK L
280 WEST CANTON AVE., STE 410
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

Manager
Delroy Josephs
5811 W. Irlo Branson Hwy.
Kissimmee, Florida 34746

☐ Delete

Manager
☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
100003745681--0
-02/21/01--01083--017
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: X SIGNATURE REQUIRED

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

01/12/01 407-396-1155

Date

Daytime Phone #

0026302 AF

CR2E083 (11/00)