

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004541

1. Entity Name

CED CAPITAL HOLDINGS 2000 E, L.L.C.

FILED

01 JAN 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address

1551 SANDSPUR ROAD
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

59-3614592

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32751

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 MGR
NAME BROCK, JAY P
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
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 MBR
NAME CED CAPITAL HOLDINGS XVI, LTD.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE MGR
NAME GINSBURG, ALAN H.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE MGR
NAME SCARRINO, MICHAEL J.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE MGR
NAME DOODY, TRICIA
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

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

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*****50.00 *****50.00

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 REQUIRED

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

TRICIA DOODY, MGR

Date

1/25/01

Daytime Phone #

407/741-8500

CR2E083 (11/00)