

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004905

1. Entity Name  
WELLMAN PROPERTIES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 26 PM 2:03

Principal Place of Business  
503 VERONA STREET  
KISSIMMEE FL 34741

Mailing Address  
503 VERONA STREET  
KISSIMMEE FL 34741



2. Principal Place of Business  
1710 Peach St.

3. Mailing Address  
1710 Peach St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

4. FEI Number  
59-3643247

Applied For  
Not Applicable

Zip  
34746

Country

Zip  
34746

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803

## 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 agent, or both, in the State of Florida.

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Rosemarie O'Shaughnessy  
1710 Peach St.  
Kissimmee, FL 34746 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900004659089--0  
-10/30/01--01050--006  
\*\*\*\*258.00 \*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FF \$60.00 ☐ Change ☐ Addition

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

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: *Rosemarie O'Shaughnessy*

407-847-6461

*West 10/29/01*