

2001 UNIFORM BUSINESS REPORT (UBR)

0026532 AF

DOCUMENT # L00000005055

1. Entity Name
EAST COLONIAL INVESTORS, LLC

FILED

01 APR 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~8216 SLOANE ST.~~ ~~8216 SLOANE ST.~~
~~ORLANDO FL 32827~~ ~~ORLANDO FL 32827~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
500 N. MAITLAND AVE 500 N. MAITLAND AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
313 313

City & State City & State 4. FEI Number Applied For
MAITLAND FL MAITLAND FL 58-3643282 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$5.00 Additional
32751 ORANGE 32751 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
HUMPHRIES, J. G
20 N. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801
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		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: John Lumpkin 3/2/01 407-291-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)