

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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DOCUMENT # L00000005181

1. Entity Name
IRION REALTY LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE VILLA COURT
SAFETY HARBOR FL 34695

Mailing Address
ONE VILLA COURT
SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2163 CIELO CIRCLE E
Suite, Apt. #, etc.

3. Mailing Address
2163 CIELO CIRCLE E
Suite, Apt. #, etc.

City & State
Clearwater FL 33759
Zip
33759
Country
USA

City & State
Clearwater FL
Zip
33759
Country
USA

4. FEI Number
74-2959435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IRION JR, LADDIE E
~~ONE VILLA COURT~~ 2163 CIELO CIRCLE E
~~SAFETY HARBOR FL 34695~~ CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2163 CIELO CIRCLE E.
City CLEARWATER FL Zip Code 33759

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 *Laddie E. Irion Jr.* DATE June 27, 2001
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Laddie E. Irion 2163 Cielo Circle E. Clearwater FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jay W. Irion 2551 Forest Run Ct. Clearwater FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Troy Irion 1452 Lake Tarpon Ave. Tarpon Springs FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Donna Cason 6507 Avondale Dr. Oklahoma City OK 73116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Diane Cason 1313 Halfner Ave Orlando FL 32809-3515	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Laddie E. Irion 2163 Cielo Circle E. Clearwater FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jay W. Irion 2551 Forest Run Ct Clearwater FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Troy Irion 1452 Lake Tarpon Ave Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Donna Cason 6507 Avondale Dr. Oklahoma City OK 73116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Diane Cason 1313 Halfner Ave Orlando FL 32809-3515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Laddie E. Irion Jr.* DATE 6/27/01 813-286-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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