

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90119 021 ****55.00

DOCUMENT # L00000005739

1. Entity Name

MERCY DRIVE ASSOCIATES, LLC



Principal Place of Business

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

Mailing Address

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3653846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, BRUCE E
2301 SILVER STAR ROAD
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
DEAN MEAD SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA AVE.

SUITE 1500

City

ORLANDO

FL

Zip Code

32803

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. I am familiar with, and accept the obligations of registered agent. **DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., as Sole Member**

SIGNATURE

By *Albert D. Capouano*
Signature, typed or printed name of registered agent and title if applicable.

Albert D. Capouano, Vice Pres.

4/17/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, BRUCE E
2301 SILVER STAR ROAD
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Bruce E. Williams
SIGNATURE REQUIRED

Bruce E. Williams, MGRM

Date

Daytime Phone #

CR2E083 (10/02)

0007207