

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006052

1. Entity Name  
RELiance MANAGEMENT, LLC

FILED

01 JUL 18 AM 8:47

Principal Place of Business  
615 CRESCENT EXECUTIVE COURT  
SUITE 120  
LAKE MARY FL 32746

Mailing Address  
615 CRESCENT EXECUTIVE COURT  
SUITE 120  
LAKE MARY FL 32746

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12633 CHALLENGER PARKWAY Suite, Apt. #, etc. SUITE 270 City & State ORLANDO FL. Zip 32826		3. Mailing Address 12633 CHALLENGER PARKWAY Suite, Apt. #, etc. SUITE 270 City & State ORLANDO Zip 32826	
Country		Country	

4. FEI Number 59-3650366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
SITTERSON, CURTIS H  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PEORO E VERMALES</b> <b>12633 CHALLENGER PARKWAY #270</b> <b>ORLANDO FL. 32826</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WINDOVER MANAGEMENT INC.</b> <b>12633 CHALLENGER PARKWAY</b> <b>ORLANDO FL. 32826</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ALLIANT CAPITAL LTD.</b> <b>12633 CHALLENGER PARKWAY #270</b> <b>ORLANDO FL. 32826</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004483242--2</b> <b>-07/24/01--01048-019</b> <b>*****55.00 *****55.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: \_\_\_\_\_

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

7-30-01 (402) 926-1720

Date Daytime Phone #

0004671 AF

CR2E083 (11/00)