

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 050 ****55.00

DOCUMENT# L00000006540

1. Entity Name
FUTURE WORLD, L.L.C.

Principal Place of Business Mailing Address

4601 TOWN CENTER BLVD. **13803 FAIRWAY ISLAND DR., APT. #1614**
ORLANDO FL 32837 **ORLANDO FL 32837**

2. Principal Place of Business 3. Mailing Address

5741 TOWN CENTER BLVD. **5741 TOWN CENTER BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country

32837 **USA** **32837** **USA**

4. FEI Number Applied For

58-2577132 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN T. LUND
4601 TOWN CENTER BLVD.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name **JOHN T. LUND**

Street Address (P.O. Box Number is Not Acceptable)
5741 TOWN CENTER BLVD.

City **ORLANDO** FL Zip Code **32837**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUND, JOHN T	
STREET ADDRESS	13803 FAIRWAY ISALND DR. #1614	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUND, LELAIN R	
STREET ADDRESS	13803 FAIRWAY ISLAND DR. #1614	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 T. Lund **JOHN T. LUND** 2/18/2002 (407) 251-5360

CR2E083 (9/01)