

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006767

1. Entity Name

PRIVATE GREEN, LLC

FILED

01 JUL -2 AM 8:47

Principal Place of Business

Mailing Address

1011 WEST LANCASTER ROAD
ORLANDO FL 32809

PO BOX 2447
WINDERMERE FL 34786

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662946

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JEFFREY
1011 WEST LANCASTER RD
ORLANDO FL 32809

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

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
Due By September 26, 2001

400004475544--1
-07/13/01--01106--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~JEFFREY A. SCOTT~~ ☐ Delete
NAME
STREET ADDRESS ~~1011 WEST LANCASTER ROAD~~
CITY-ST-ZIP ~~ORLANDO FL 32809~~

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

TITLE MANAGING MEMBER ☐ Delete
NAME JEFFREY M. SCOTT
STREET ADDRESS 1011 WEST LANCASTER ROAD
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE ☐ Delete
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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:

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

JEFFREY M. SCOTT

6/26/01

407-859-4390

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE