

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90024 020 ****55.00

DOCUMENT # **L00000006896**

1. Entity Name

FLORIDA FIRST (UK), LLC

Principal Place of Business

**137 SOUTH ROMA WAY
 KISSIMMEE FL 34746**

Mailing Address

**137 SOUTH ROMA WAY
 KISSIMMEE FL 34746**

2. Principal Place of Business

137 S. ROMA WAY

Suite, Apt. #, etc.

3. Mailing Address

137 S. ROMA WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip
34746

Country

USA

City & State

KISSIMMEE, FL

Zip
34746

Country

USA

4. FEI Number

59-3651573

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOONEY, STEPHEN R
 200 S ORANGE AVE
 SUITE 2600
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

MIRANDA LEE

Street Address (P.O. Box Number is Not Acceptable)

137 SOUTH ROMA WAY

City

KISSIMMEE

FL

Zip Code

34746

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

3/26/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETTS, DAVID C MR 137 SOUTH ROMA WAY KISSIMMEE FL 34746	<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
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		<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 REQUIRED

3/26/02

407 390 7370

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

Date

Daytime Phone #

0042062

CR2E083 (9/01)