

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006096 AF

DOCUMENT # L00000007342

1. Entity Name

EVERY ENTERTAINMENT GROUP LLC

FILED

01 FEB -5 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2325 LAKE DEBRA DRIVE #421  
ORLANDO FL 32835

Mailing Address

2325 LAKE DEBRA DRIVE #421  
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7867 Sugar View Ct.

Suite, Apt. #, etc.

7867 Sugar View Ct.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

US

Zip

32819

Country

US

4. FEI Number

59-3657217

Applied For

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

EVERY, BRIAN D

2325 LAKE DEBRA DRIVE #421  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Brian D. Avery

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

7867 Sugar View Ct.

Orlando

FL

City

ORLANDO

FL

Zip Code

32819

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

01/22/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Vice President  
NAME Kelly Ann Avery  
STREET ADDRESS 7867 Sugar View Ct.  
CITY-ST-ZIP Orlando, FL 32819

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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:

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

Date

Daytime Phone #

01/22/01 407/903-1979

CR2E083 (11/00)