

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90257 030 \*\*\*\*50.00

**DOCUMENT # L00000008049**

1. Entity Name

**FLP PROPERTIES, LLC**

Principal Place of Business

**6500 HOFFNER AVE.  
 ORLANDO, FL 32822**

Mailing Address

**6500 HOFFNER AVE.  
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**59-3751805**  
 DO NOT WRITE IN THIS SPACE  
**APPLIED FOR**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W.D. MILLSAPS, SR.  
 6500 HOFFNER AVE.  
 ORLANDO FL 32822**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 MILLSAPS, WILLIAM DAVID  
 6500 HOFFNER AVE.  
 ORLANDO FL 32822** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SEC  
 MILLSAPS, COLLEEN  
 1766 GAINES ROAD  
 CAIRO GA 31728** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 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 REQUIRED**

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

Date

Daytime Phone #

**1-11-02**

CR2E083 (9/01)

**Internal Revenue Service**

Accounts Management Division I  
Branch II - Teletin Unit  
Stop 751  
PO Box 47421  
Chamblee, GA 30362  
Phone 678-530-7234/7235  
FAX 678-530-6156

Attachment

14146

#L 66000008049

Date: October 26, 2001

**EMPLOYEE IDENTIFICATION: 0716830481**

<b>TO:</b>	<b>WILLIAM DAVID MILLSAPS</b>	<b>FAX:</b>	<b>407-208-9539</b>
<b>FROM:</b>	<b>Accounts Management Division I Teletin Unit</b>	<b>Pages:</b>	<b>1</b>
<b>Company Name</b>	<b>FLP PROPERTIES LLC</b>	<b>Employer ID #</b>	<b>59-3751805</b>
<b>Company Name</b>		<b>Employer ID #</b>	
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