

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009791

1. Entity Name  
STG HOLDINGS, L.C.

FILED

01 MAY 17 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1010 LUCERNE TERRACE  
ORLANDO FL 32806

Mailing Address  
1010 LUCERNE TERRACE  
ORLANDO FL 32806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 470026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE  
CELEBRATION, FL

4. FEI Number

59-3704768

Applied For

Not Applicable

Zip

Country

Zip

Country

34747

USA

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

GOODLESS, DEAN R  
1134 CELEBRATION BLVD.  
CELEBRATION FL 34747

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SUSANNA T. GOODLESS  
1134 CELEBRATION BLVD  
CELEBRATION, FL 34747

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SUSANNA T. GOODLESS  
1134 CELEBRATION BLVD  
CELEBRATION, FL 34747

☐ 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  
000004418770-6  
-06/13/01-01106-001  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ 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  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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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:

DEAN R. GOODLESS, Agent

4/21/01

407566 1616

CR2E083 (11/00)