

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB -5 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AF

DOCUMENT # L00000009914

1. Entity Name

DAVIDLEADBETTER.COM, LLC

Principal Place of Business

9100 CHILTERN DRIVE
ORLANDO FL 32827

Mailing Address

9100 CHILTERN DRIVE
ORLANDO FL 32827

2. Principal Place of Business

1410 Masters Blvd

3. Mailing Address

1410 Masters Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport, FL 8

City & State

Davenport, FL

4. FEI Number

522259954

Applied For

Not Applicable

Zip

33837

Country

USA

Zip

33837

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, RANDOLPH H
111 N. ORANGE AVE., 20TH FLOOR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Steve Hamic

Street Address (P.O. Box Number is Not Acceptable)
1905 S Florida Avenue

City Lakeland

FL

Zip Code 33803

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

800003675108--1
-02/12/01--01142--019
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME LEADBETTER, DAVID
STREET ADDRESS 9100 CHILTERN DRIVE
CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

TITLE MGR
NAME MOSES, JOE
STREET ADDRESS 9100 CHILTERN DRIVE
CITY-ST-ZIP ORLANDO FL 32827 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME David Leadbetter
STREET ADDRESS 1410 Masters Blvd
CITY-ST-ZIP Orlando, FL 33837 ☒ Change ☐ Addition

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

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

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

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

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

1/31/01

(407) 787-3330

Date

Daytime Phone #

CR2E083 (11/00)