

2001 UNIFORM BUSINESS REPORT (UBR)

000691 AF

DOCUMENT # L00000010307

1. Entity Name
LANCASTER ORLANDO DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:45

Principal Place of Business
8002 PALM LAKE DRIVE
ORLANDO FL 32819

Mailing Address
8002 PALM LAKE DRIVE
ORLANDO FL 32819



2. Principal Place of Business

84 W. Jersey Street

Suite, Apt. #, etc.

Suite #1

City & State

Orlando, FL.

3. Mailing Address

84 W. Jersey Street

Suite, Apt. #, etc.

Suite #1

City & State

Orlando, FL

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

59-3673270

Applied For

Not Applicable

Zip

32806

Country

Orange

Zip

32806

Country

Orange

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
MARCHENA AND GRAHAM, P.A.
ORLANDO FL 32807

7. Name and Address of New Registered Agent

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

1-12-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003675652--4
-02/13/01--01011--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEL RIO, JORGE
8002 PALM LAKE DRIVE
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Fenando Sikes
5145 Curry Ford Rd.
Orlando, FL 32812 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Mario Prieto
735 N. Thornton Ave.
Orlando, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Juan A. Mena
9752 N.W. 52nd. St., Apt 120
Miami, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP
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☐ 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: Jorge del Rio

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

2/2/01

Date

(407)246-0606

Daytime Phone #

CR2E083 (11/00)