

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90202 016 ****50.00

DOCUMENT # L00000010842

1. Entity Name

WITHINNELUCCA LAND COMPANY, L.L.C.

Principal Place of Business

**12512 LAKESHORE DR.
CLERMONT FL 34711**

Mailing Address

**12512 LAKESHORE DR.
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

**WALDRON, EUGENE E JR.
124 N. BREVARD AVE.
ARCADIA FL 34266**

Name

CHARLES R. RUSS

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

12512 S. Lakeshore Drive

City

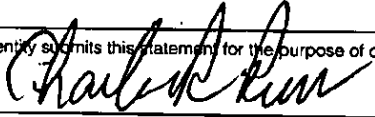
Clermont**FL**

Zip Code

34711-8844

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

**CHARLES R. RUSS, MANAGER****4/08/02**

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

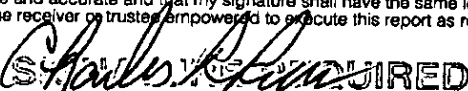
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSS, CHARLES R 12512 S. LAKESHORE DR. CLERMONT FL 34711	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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:

**4/08/02****352-394-6124**

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

Date

Daytime Phone #