

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010937

1. Entity Name

FL RE, LLC

Principal Place of Business

Pointe Orlando Shopping Center
Int'l Drive at Republic Drive
Store #E1/E2
Orlando, FL 32819

Mailing Address

Pointe Orlando Shopping Center
Int'l Drive at Republic Drive
Store #E1/E2
Orlando, FL 32819

2. Principal Place of Business

3. Mailing Address

FL RE, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

15525 N. 83rd Way #B-7
City & State
Scottsdale, AZ

FILED

01 SEP 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2078379

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

CT-Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

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 renewing)

DATE

FILE NOW WITH FEE IS \$50.00

Make Check Payable to Department of State

200004611802--0

-09/26/01--01036--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☒ Addition
NAME	Managing Member
STREET ADDRESS	FL Holding Co., Inc. Ronald C. Malone, Pres.
CITY - ST - ZIP	15525 N. 83rd Way #B-7 Scottsdale, AZ 85260
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

9/13/01

Date

Signature Phone

CR2E083 (11/00)