

# 2001 UNIFORM BUSINESS REPORT (UBR)

# REINSTATEMENT 2001

0010495

DOCUMENT # **L00Q000010962**

1. Entity Name  
**R.E.I.M. DEVELOPMENT, L.C.**

**FILED**

**01 NOV 15 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**378 CENTERPOINTE CIR., STE. 1272  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**378 CENTERPOINTE CIR., STE. 1272  
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 953066**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake MARY, FL.**

Zip

Country

Zip

Country

**32795**

**USA**

4. FEI Number

☒ 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

Name

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

City

**FL**

Zip Code

**VANDEWATER, GLENN T ESQ.  
378 CENTERPOINTE CIR., STE. 1272  
ALTAMONTE SPRINGS FL 32701**

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

*Glenn T. Vandewater*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**11/8/01**  
DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 26, 2001**

**600004702436--3**

**12/03/01--01058--021**

**\*\*\*\*155.00 \*\*\*\*155.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MAJZUB, SAMER S  
378 CENTERPOINTE CIR., STE. 1272  
ALTAMONTE SPRINGS FL 32701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. Box 953066  
Lake MARY FL- 32795**

☒ 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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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:

**SIGNATURE REQUIRED**

**Oct. 22. 01 (407) 493-3500**

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

Date

Daytime Phone #

CR2E083 (5/01)