

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011114

1. Entity Name

ALOMA DEVELOPMENT, LLC

FILED

01 OCT 12 PM 12:17

Principal Place of Business

Mailing Address

222 S. NEW YORK AVE.
WINTER PARK FL 32789

222 S. NEW YORK AVE.
WINTER PARK FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same As Above

3. Mailing Address
Same As Above

Suite, Apt. #, etc.
Suite #3

Suite, Apt. #, etc.

City & State
Same

City & State
Same

4. FEI Number
59-3673700

Applied For
Not Applicable

Zip Country

Zip Country

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

HARDING, ROBERT L ESQ.
20 N. EOLA DR.
ORLANDO FL 32801

Name
Deborah W. Owens
Street Address (P.O. Box Number is Not Acceptable)
222 S. New York Avenue
Suite 3
City Winter Park, FL Zip Code 32789

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 *Deborah Owens*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-8-2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME STELLING, JAMES H II
STREET ADDRESS 222 S. NEW YORK AVE.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE MGR ☒ Change ☐ Addition
NAME F. Tom Ustler
STREET ADDRESS 222 S. New York Ave., Ste #3
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Deborah W. Owens
STREET ADDRESS 222 S. New York Ave., Ste. #3
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800004640408--5
-10/18/01--01003--003
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(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: *Deborah Owens* SIGNATURE REQUIRED

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

9-25-2001 407-622-5263

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE