

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90198 007 ****50.00

DOCUMENT # L00000011114

1. Entity Name
ALOMA DEVELOPMENT, LLC

Principal Place of Business
222 S. NEW YORK AVE., STE. 3
WINTER PARK FL 32789

Mailing Address
222 S. NEW YORK AVE., STE. 3
WINTER PARK FL 32789

969987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
236 Pasadena Pl.
 Suite, Apt. #, etc.

3. Mailing Address
236 Pasadena Pl.
 Suite, Apt. #, etc.

City & State
Orlando, FL
 Zip
32803
 Country
USA

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Orlando, FL
 Zip
32803
 Country
USA

4. FEI Number **59-3673700**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DEBORAH W
222 S. NEW YORK AVE., STE. 3
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **F. Thomas Ustler**

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

236 Pasadena Pl.

City **Orlando**

FL

Zip Code **32803**

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 **F. Thomas Ustler**
 Signature, typed or printed name of registered agent and title if applicable.

F. Thomas Ustler
 (NOTE: Registered Agent signature required when reinstating)

7-3-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **USTER, F. TOM**
 STREET ADDRESS **222 S. NEW YORK AVE., STE. 3**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGR** ☒ Delete
 NAME **OWENS, DEBORAH W**
 STREET ADDRESS **222 S. NEW YORK AVE., STE. 3**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Ustler, F. Thomas**
 STREET ADDRESS **236 Pasadena Place**
 CITY-ST-ZIP **Orlando, FL 32703**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **James H. Stelling, III**
 STREET ADDRESS **216 Summerwood Trail**
 CITY-ST-ZIP **Maitland, FL 32751**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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: **F. Thomas Ustler** **7302** **407-841-3266**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)