

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011119

1. Entity Name

MEALEY-ORLANDO, LLC

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

20 N. ORANGE AVE., #1000  
ORLANDO FL 32801

Mailing Address

20 N. ORANGE AVE., #1000  
ORLANDO FL 32801

2. Principal Place of Business

300 S. Orange Ave., #1000  
Suite, Apt. #, etc.

3. Mailing Address

300 S. Orange Ave., #1000  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3679401

Applied For

Not Applicable

Zip

32801

Country

Zip

32801

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY  
20 N. ORANGE AVE., STE. 1000  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

300 S. Orange Ave., Suite 1000

City

Orlando,

FL

Zip Code

32801

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300003995963-7  
-04/13/01--01009--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	P-Mem.	<input type="checkbox"/> Delete
NAME	Donald C. Mealey	
STREET ADDRESS	3772 W. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	S-VP-T-Mem.	<input type="checkbox"/> Delete
NAME	W. Warner Peacock	
STREET ADDRESS	500 N. Maitland Ave., #313	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Mem.	<input type="checkbox"/> Delete
NAME	Donald & Janet Mealey Family Limited Partnership	
STREET ADDRESS	9216 Sloane St.	
CITY-ST-ZIP	Orlando, FL 32827	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

3/22/01 407-622-8864

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

Date

Daytime Phone #

CR2E083 (11/00)

0005411 AF