

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 028 ****50.00

DOCUMENT # L00000011119

1. Entity Name

MEALEY-ORLANDO, LLC

Principal Place of Business

**300 S. ORANGE AVE., #1000
ORLANDO FL 32801**

Mailing Address

**300 S. ORANGE AVE., #1000
ORLANDO FL 32801**

2. Principal Place of Business

3772 W Colonial Dr

3. Mailing Address

3772 W Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando FL

Zip

32808

Country

USA

Zip

32808

Country

USA

4. FEI Number

59-3679401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY
300 S. 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)

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **MEALEY, DONALD C**
STREET ADDRESS **3772 W COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SVT** ☐ Delete
NAME **PEACOCK, W. WARNER**
STREET ADDRESS **500 N MAITLAND AVE., #313**
CITY-ST-ZIP **MAITLAND FL 32751**

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3-18-02

**407
291-1448**

CR2E083 (9/01)