

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005892 AF

DOCUMENT # **L00000011272**

1. Entity Name

**MCCUSKER ENTERPRISES, L.L.C.**

Principal Place of Business

**5301 CONROY ROAD, SUITE 140  
ORLANDO FL 32811**

Mailing Address

**5301 CONROY ROAD, SUITE 140  
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3675846**

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

**LAVIGNE, JAMES**

**5301 CONROY ROAD, SUITE 140**

**LAVIGNE, COTON & ASSOCIATES**

**ORLANDO FL 32811**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **D, P, VP, S, T, MM** ☐ Delete  
NAME **John McCusker**  
STREET ADDRESS **5301 Conroy Road, Orlando**  
CITY-ST-ZIP **Florida, 32811**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **600003631516--0**  
CITY-ST-ZIP **-02/02/01--01105--031**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **\*\*\*\*\*55.00 \*\*\*\*\*58.00**  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: **X John McCusker** **SIGNATURE REQUIRED**

**1-25-2001**

**407 316 9988**

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

Date

Daytime Phone #

CR2E083 (11/00)

**FILED**

**01 JAN 30 PM 4:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE