

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000011356

1. Entity Name  
GLC INVESTMENT SERVICES, L.L.C.

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2100 LEE ROAD  
WINTER PARK FL 32789

Mailing Address  
POST OFFICE BOX 940849  
MAITLAND FL 32794-0849

2. Principal Place of Business  
850 Concourse Parkway South  
Suite, Apt. #, etc.  
Suite 150

3. Mailing Address  
P.O. Box 940849  
Suite, Apt. #, etc.

City & State  
Maitland, FL

City & State  
Maitland, FL

4. FEI Number  
59-3677916

Applied For  
Not Applicable

Zip  
32751

Country  
USA

Zip  
32794-0849

Country  
USA

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

CARRIS, W. NEAL  
2100 LEE ROAD  
WINTER PARK FL 32789

850 Concourse Parkway S. Ste 150  
Maitland, FL 32751

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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: W. Neal Carris 3/23/01 407 645-4775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)