

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004907 AF

DOCUMENT # L00000011629

1. Entity Name  
PREMIER VISIONS OF OVIEDO, L.L.C.

01 MAY -3 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
245 LAKE HAYES ROAD  
OVIEDO FL 32765

Mailing Address  
245 LAKE HAYES ROAD  
OVIEDO FL 32765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3680177

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PALMA, ANTHONY W  
390 NORTH ORANGE AVE., STE 1100  
ORLANDO FL 32801-1640

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MANAGER  
STREET ADDRESS John F. Baumgardner  
CITY-ST-ZIP 245 Lake Hayes Rd.  
OVIEDO, FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MANAGER  
STREET ADDRESS Patricia G. Baumgardner  
CITY-ST-ZIP 245 Lake Hayes Rd.  
OVIEDO, FL 32765

TITLE ☐ Delete  
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: Patricia Baumgardner mgr., Patricia Baumgardner 4/26/01 (407) 359-4440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date Daytime Phone #

CR2E083 (11/00)