

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR001A  
4/1

DOCUMENT # L00000012596

1. Entity Name  
VALTARA, LLC

FILED

01 APR 12 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
901 SWEETWATER BLVD  
LONGWOOD FL 32779

Mailing Address  
901 SWEETWATER BLVD  
LONGWOOD FL 32779

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

☒ 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

BOURRET, RICHARD H  
901 SWEETWATER BLVD  
LONGWOOD FL 32779

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President - Mg. Member Richard H. Bourret 901 SWEETWATER BLVD. LONGWOOD, FL 32779
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President - Mg. Member C. EDWARD McCOMBS 7825 S.W. ELLIPS WAY STUART, FL 34997
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President - Mg. Member LEONID WINOKUROV MONTSAUVAT STR 4 MUNICH, GERMANY 80804
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President - Mg. Member Charles H. Bowers 3039 CECILIA DR. APOPKA, FL 32703
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	400004036514-6 -04/20/01--0111--024 *****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles H. Bowers Managing Member 440-01 407297-6726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)