

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90094 027 \*\*\*\*50.00

**DOCUMENT # L00000012718**

1. Entity Name  
**ARLINGTON HOMES, LLC**

Principal Place of Business

**1280 SEMINOLA BLVD.  
CASSELBERRY FL 32707**

Mailing Address

**1280 SEMINOLA BLVD.  
CASSELBERRY FL 32707**

2. Principal Place of Business

**4740 N. Palmetto Ave  
Suite, Apt. #, etc.  
Winter Park, FL  
City & State  
32792 ORANGE  
Zip Country**

3. Mailing Address

**4740 N. Palmetto Ave  
Suite, Apt. #, etc.  
Winter Park, FL  
City & State  
32792 ORANGE  
Zip Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3680807**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JESSE E SR.  
GRAHAM CLARK JONES BUILDER PRATT  
369 NORTH NEW YORK AVENUE, THIRD FLOOR  
WINTER PARK FL 32789**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>P</b>			<input type="checkbox"/>
	<b>SCHAUB, FREDERIC G</b>	<b>1280 SEMINOLA BLVD</b>	<b>CASSELBERRY FL 32707</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>SCHAUB, FREDERIC G</b>	<b>4740 N. PALMETTO AVE</b>	<b>WINTER PARK, FL 32792</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

**407-696-6161**

CR2E083 (9/01)