

2001 UNIFORM BUSINESS REPORT (UBR)

0026308 AF

DOCUMENT # **L00000013705**

FILED

1. Entity Name
1ST AMERICAN LEISURE LLC

01 APR 23 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**13917 FAIRWAY ISLAND DRIVE. APT. 934
ORLANDO FL 32837**

Mailing Address
**13917 FAIRWAY ISLAND DRIVE. APT. 934
ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7862 W 1210 BRANSON HWY

3. Mailing Address
7862 W 1210 BRANSON HWY

Suite, Apt. #, etc.
334

Suite, Apt. #, etc.
334

City & State
KISSIMMEE FLORIDA

City & State
KISSIMMEE FLORIDA

4. FEI Number Applied For
 Not Applicable

Zip
34747

Country
USA

Zip
34747

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

STAFFORD, COLIN
13917 FAIRWAY ISLAND DRIVE, APT. 934
ORLANDO FL 32837

Name
COLIN STAFFORD

Street Address (P.O. Box Number is Not Acceptable)
754 RIGGS CIRCLE

City
DAVENPORT

FL Zip Code
33837

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 **C STAFFORD** DATE **4/20/2001**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGER	<input type="checkbox"/> Delete
NAME COLIN STAFFORD	
STREET ADDRESS 754 RIGGS CIRCLE	
CITY-ST-ZIP DAVENPORT FL 33837	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COLIN STAFFORD	
STREET ADDRESS 754 RIGGS CIRCLE	
CITY-ST-ZIP DAVENPORT FLORIDA 33837	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000004135350--9
-05/04/01--01006--025
*****50.00 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: **C STAFFORD** DATE **4/20/2001** DAYTIME PHONE # **321-662-3837**

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

CR2E083 (11/00)