

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013863

1. Entity Name

MG Real Estate, L.L.C.

Principal Place of Business

2100 Country Club Road
Sanford, Florida 32771

Mailing Address

2100 Country Club Road
Sanford, Florida 32771

FILED

01 AUG -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

2810-44-3810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

N. Dwayne Gray, Jr., Esq.
Greenspoon, Marder, Hirschfeld, Rafkin, Ross-
& Berger, P.A.
135 W. Central Blvd., Suite 1100
Orlando, Florida 32801

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

200004534562--4

-08/14/01--01087--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE N. Dwayne Gray, Jr. MGR ☐ Delete
NAME 135 W. Central Blvd., Suite 1100
STREET ADDRESS Orlando, Florida 32801
CITY-ST-ZIP

TITLE John Schlater MGR ☐ Delete
NAME 615 Copeland Mill Road
STREET ADDRESS Westerville, OH 43081
CITY-ST-ZIP

TITLE Robert White MGR ☒ Delete
NAME 220 Southern Magnolia Lane
STREET ADDRESS Sanford, Florida 32771
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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:

N. Dwayne Gray, Jr.

7-23-01 (407) 324-1200

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

Date Daytime Phone #

CR2E083 (11/00)