

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB 26 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014902

1. Entity Name

CED CAPITAL HOLDINGS 2000 X L.L.C.

Principal Place of Business

Mailing Address

1551 SANDSPUR ROAD
MAITLAND, FL 32751

P.O. BOX 4961
ORLANDO, FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B+C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 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)

(NOT: Registered Agent Signature required when re-registering)

DATE

FILE MONTHLY FEB 15 2002

State of Florida Department of State

100003783381--0

-02/27/01-01117--005

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGR BROCK, JAY P.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-STATE-ZIP MAITLAND, FL 32751 ☐ Delete

TITLE NAME
MGR GINSBURG, ALAN H.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-STATE-ZIP MAITLAND, FL 32751 ☐ Delete

TITLE NAME
MGR SCIARRINO, MICHAEL J.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-STATE-ZIP MAITLAND, FL 32751 ☐ Delete

TITLE NAME
MGR DOODY, TRICIA
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-STATE-ZIP MAITLAND, FL 32751 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ 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)(f), 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.

TRICIA DOODY, MANAGER

SIGNATURE:

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

2-19-01

407/741-8500

Date

Signature Phone #

CR2E083 (11/00)