

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015084

1. Entity Name

PINE HOLDINGS, LLC

Principal Place of Business

365 Taft-Vineland Rd.
Suite 105
Orlando, FL 32824

Mailing Address

365 Taft-Vineland Rd.
Suite 105
Orlando, FL 32824

FILED

01 MAY 18 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

365 Taft-Vineland Rd.
Suite 105
Orlando, FL

3. Mailing Address

365 Taft-Vineland Rd.
Suite 105
Orlando, FL

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3686565

Applied For

Not Applicable

Zip

32824

Country

0

Zip

32824

Country

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

Name

A.G.C. Co.

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

200 South Orange Ave., Suite 2300

City

Orlando

FL

Zip Code

32801

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

Debbie R. Chalifoux

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. Managing Member ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pete Madison
8117 Hoffner Ave.
Orlando, FL 32824

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
John B. Russell
2645 Cherokee Rd.
St. Cloud, FL 34772

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Debbie R. Chalifoux
3325 S. Indiana Ave
St. Cloud, FL 34769

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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:

Debbie R. Chalifoux Debbie R. Chalifoux

3/19/01

407-908-5732

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

Date

Daytime Phone #

CR2E083 (11/00)