

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015355

1. Entity Name

25 SOUTH MAGNOLIA AVENUE, L.L.B.

Principal Place of Business

25 South MAGNOLIA AVE
ORLANDO, FLA 32801

Mailing Address

(SAME)

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CLARENCE A. SCHROEDER
25 S. MAGNOLIA AVE
ORLANDO, FLA 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

Clarence A. Schroeder

CLARENCE A. SCHROEDER

4/23/01

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

(NOTE: Registered Agent signature required when reinstating)

000004418730--0

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-06/14/01--01003--021

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
CLARENCE A. SCHROEDER, MGRM
STREET ADDRESS
25 S. MAGNOLIA AVE
CITY-ST-ZIP
ORLANDO, FLA 32801

TITLE NAME
STEPHEN J. MATONIS, MGRM
STREET ADDRESS
25 S. MAGNOLIA AVE
CITY-ST-ZIP
ORLANDO, FLA 32801

TITLE NAME
EDWARD T. WILLIAMS, MGRM
STREET ADDRESS
25 S. MAGNOLIA AVE
CITY-ST-ZIP
ORLANDO, FLA 32801

TITLE NAME
PAUL W. MACDERMOTT, MGRM
STREET ADDRESS
25 S. MAGNOLIA AVE
CITY-ST-ZIP
ORLANDO, FLA 32801

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

Clarence A. Schroeder

CLARENCE A. SCHROEDER

467-843-3277

Date Daytime Phone #

CR2E083 (1/1/00)