

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015355

1. Entity Name

25 SOUTH MAGNOLIA AVENUE, L.L.C.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90125 030 \*\*\*\*50.00

Principal Place of Business

25 S. MAGNOLIA AVENUE  
ORLANDO FL 32801

Mailing Address

25 S. MAGNOLIA AVENUE  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

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



6. Name and Address of Current Registered Agent

SCHROEDER, CLARENCE A  
25 S. MAGNOLIA AVENUE  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	SCHROEDER, CLARENCE A	25 S. MAGNOLIA AVENUE ORLANDO FL 32801				
	MGRM	MATONIS, STEPHEN J	25 S. MAGNOLIA AVENUE ORLANDO FL 32801				
	MGRM	WILLIAMS, EDWARD T	25 S. MAGNOLIA AVENUE ORLANDO FL 32801				
	MGRM	MACDERMOTT, PAUL W	25 S. MAGNOLIA AVENUE ORLANDO FL 32801				

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:

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

Date

Daytime Phone #

CR2E083 (9/01)