

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015563

1. Entity Name

FILED

01 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEST ORANGE LAND ONE, LLC

Principal Place of Business

Mailing Address

P.O. Box 8800
Windermere, FL 34786

P.O. Box 8800
Windermere, FL 34786

2. Principal Place of Business

3. Mailing Address

6100 PAYNE STEWART DRIVE

200 S. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2300

DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE FL

City & State

ORLANDO FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

34786

Country

US

Zip

32801

Country

US

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

Helen D. Ford
111 North Orange Avenue
20th Floor
Orlando, FL 32801

Name

A.G.C. Co

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

200 S. 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

Helen D. Ford, Vice President

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

(NOTE) Registered Agent signature required when reinstating

DATE

FILE NCW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	TAVISTOCK CORPORATION
CITY-ST-ZIP	PO Box 8800 WINDERMERE FL 34786
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Jefferson Voss

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

Date

Daytime Phone #

Tavistock Corporation
By: Jefferson Voss, VP 4/29/01

407-876-8800

CR2E083 (11/00)