

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015803

1. Entity Name

WORKSCAPES SOUTH, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

632 S. Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Address

632 S. Federal Hwy.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

Zip

33301

Country

US

City & State

Ft. Lauderdale, FL

Zip

33301

Country

US

4. FEI Number

59-3688363

Applied For

Not Applicable

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

Richard J. Dvorak

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

900 Orange Avenue

City

Winter Park

FL

Zip Code

32789

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

300004275033--8

-05/21/01--01193--014

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Buchweitz, Daniel
1040 Seminole Dr. #861
Ft. Lauderdale, Florida 33304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Dvorak, Elizabeth A
1563 Lakehurst Ave.
Winter Park, FL 32789

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
Dvorak, Richard J.
1563 Lakehurst Ave.
Winter Park, FL 32789

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CITY-ST-ZIP

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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:

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

Richard J. Dvorak 4/25/01 407-594-6770

Date

Daytime Phone #

CR2E083 (11/00)