

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015803

1. Entity Name

WORKSCAPES SOUTH, LLC

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90001 026 ****50.00

Principal Place of Business

632 S. FEDERAL HWY.
FT LAUDERDALE FL 33301

Mailing Address

632 S. FEDERAL HWY.
FT LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

DVORAK, RICHARD J
900 ORANGE AVENUE
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **BUCHWEITZ, DANIEL**
STREET ADDRESS **1040 SEMINOLE DR. #861**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **CEO** ☐ Delete
NAME **DVORAK, ELIZABETH A**
STREET ADDRESS **1563 LAKEHURST AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **COO** ☐ Delete
NAME **DVORA, RICHARD J**
STREET ADDRESS **1563 LAKEHURST AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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:

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

Date

Daytime Phone #

Richard Dvorak 7/24/02 407-549-6770

CR2E083 (4/02)