

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006114

DOCUMENT # L00000016199

1. Entity Name

SUNGATE FRANCHISE, LLC



FILED

2003 APR 21 PM 4:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~9200 UNIVERSITY BLVD.~~

~~3200 UNIVERSITY BLVD.~~

~~SUITE 210~~

~~SUITE 210~~

~~WINTER PARK FL 32792~~

~~WINTER PARK FL 32792~~

2. Principal Place of Business

3. Mailing Address

3300 University Blvd.

3300 University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 218

Suite 218

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

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

HADDOCK, EDWARD E JR.

Name

~~9200 UNIVERSITY BLVD.~~

~~3200 University Blvd.~~

~~SUITE 210~~

Suite 218

~~WINTER PARK FL 32792~~

City
Winter Park

FL

Zip Code
32792

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 *Ed E. Haddock*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HADDOCK, EDWARD E JR.
~~9200 UNIVERSITY BLVD., SUITE 210~~
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3300 University Blvd, Suite 218
Winter Park, FL. 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400016379054
04/21/03--01035--035 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

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:

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

Date

Daytime Phone #

Ed E. Haddock
SIGNATURE REQUIRED

4/10/03

407-679-6171

CR2E083 (10/02)