

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000056

1. Entity Name

T.L.C. PROFESSIONAL PROPERTIES, L.L.C.

FILED

01 SEP 26 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~903 WEST EMMETT STREET~~  
KISSIMMEE FL 34741

Mailing Address  
~~104 WEST EMMETT STREET~~  
KISSIMMEE FL 34741

2. Principal Place of Business  
104 S. Clyde Ave,  
Suite, Apt. #, etc.

3. Mailing Address  
104 S. Clyde Ave.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

4. FEI Number  
59-1698083

Applied For  
Not Applicable

Zip  
34741

Country  
USA

Zip  
34741

Country  
USA

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

BLACK, A. CLIFTON  
~~903 WEST EMMETT STREET~~ 104 S. Clyde Ave.  
KISSIMMEE FL 34741

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 September 26, 2001

800004616378--0  
-09/28/01--01049--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. Same MANAGING MEMBERS/MANAGERS

TITLE NAME  
A. Clifton Black ☐ Delete  
STREET ADDRESS  
104 S. Clyde Avenue  
CITY-ST-ZIP  
Kissimmee, FL 34741

TITLE NAME  
Sec. and Treas.  
Ismet Karacan ☐ Delete  
STREET ADDRESS  
5211 Wigton St.  
CITY-ST-ZIP  
Houston, TX 77096

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

0009183