

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90184 015 ****50.00

DOCUMENT # L01000000399

1. Entity Name

OWEN - KOGER, L.L.C.

Principal Place of Business

**1509 SUNSET POINTE PLACE
 KISSIMMEE FL 34744**

Mailing Address

**1509 SUNSET POINTE PLACE
 KISSIMMEE FL 34744**

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

4. FEI Number

59-3691862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLICK, JAMES J
 3117 EDGEWATER DR.
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

PHILLIP C. OWEN

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

1509 SUNSET POINTE PLACE

City

KISSIMMEE

FL

Zip Code

34744

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]

PHILLIP C. OWEN

1-11-02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING PARTNER** ☐ Delete
 NAME **PHILLIP C. OWEN**
 STREET ADDRESS **1509 SUNSET POINTE**
 CITY-ST-ZIP **KISSIMMEE, FL. 34744**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] **PHILLIP C. OWEN**

Date

1-11-02 407-933-7497

Daytime Phone #

CR2E083 (9/01)