

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90155 033 ****50.00

DOCUMENT # **L01000000516**

1. Entity Name

REALVEST LAND, LLC

Principal Place of Business

**2200 LUCIEN WAY
 SUITE 350
 MAITLAND FL 32751**

Mailing Address

**2200 LUCIEN WAY
 SUITE 350
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2290538

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**POHL, FRANK L ESQ.
 280 WEST CANTON AVE.
 SUITE 410
 WINTER PARK FL 32790**

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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
| MGRM REALVEST HOLDINGS, LLC 2200 LUCIEN WAY MAITLAND FL 32751 | <input type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
| | <input type="checkbox"/> |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
| | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|---------------------------------|--|
| CEO/Chairman Livingston, George D. 2200 Lucien Way, Ste 350 Maitland, FL 32751 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|---------------------------------|--|
| President Neveleff, Stephan M. 2200 Lucien Way, Ste 350 Maitland, FL 32751 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|--|---------------------------------|--|
| COO Longstaffe, G. Geoffrey 2200 Lucien Way, Ste 350 Maitland, FL 32751 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|--|---------------------------------|--|
| Secretary Yannucci, Dawn L. 2200 Lucien Way, Ste 350 Maitland, FL 32751 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---------------------------------|-----------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---------------------------------|-----------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

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 #

CR2E083 (9/01)