

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90027 001 \*\*\*\*50.00

**DOCUMENT # L01000004102**

1. Entity Name

**AMERICAN HARBOUR, LLC**

Principal Place of Business

**15 WEST CHURCH STREET SUITE 201  
 ORLANDO FL 32801**

Mailing Address

**15 WEST CHURCH STREET SUITE 201  
 ORLANDO FL 32801**

2. Principal Place of Business

**7575 Dr. Phillips Blvd.**

Suite, Apt. #, etc.

**Suite 225**

City & State

**Orlando, FL**

Zip

**32819**

Country

**U.S.**

3. Mailing Address

**7575 Dr. Phillips Blvd.**

Suite, Apt. #, etc.

**Suite 225**

City & State

**Orlando, FL**

Zip

**32819**

Country

**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3705333**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.  
 15 WEST CHURCH STREET SUITE 201  
 ORLANDO FL 32801**

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

10. ADDITIONS/CHANGES

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME           | <b>MGRM</b>   |
| STREET ADDRESS | <b>GREGORY M. BEARDSLEE</b>   |
| CITY-ST-ZIP    | <b>7575 Dr. Phillips Blvd, Suite 225<br/>                 Orlando, FL 32819</b> |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME           | <b>MGRM</b>   |
| STREET ADDRESS | <b>ERIC S. HOEBBEL</b>  |
| CITY-ST-ZIP    | <b>7575 Dr. Phillips Blvd, Suite 225<br/>                 Orlando, FL 32819</b> |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME           | <b>MGRM</b>   |
| STREET ADDRESS | <b>MARK S. HUMPHREY</b>   |
| CITY-ST-ZIP    | <b>7575 Dr. Phillips Blvd, Suite 225<br/>                 Orlando, FL 32819</b> |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME           | <b>MGRM</b>   |
| STREET ADDRESS | <b>TIMOTHY A. JONES</b>   |
| CITY-ST-ZIP    | <b>7575 Dr. Phillips Blvd, Suite 225<br/>                 Orlando, FL 32819</b> |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**SIGNATURE REQUIRED**

**1/28/02 (407)352-1600**

CR2E083 (9/01)