

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90025 013 ****50.00

DOCUMENT # L01000004102

1. Entity Name

AMERICAN HARBOUR, LLC



Principal Place of Business

7575 DR PHILLIPS BLVD
STE 225
ORLANDO FL 32819

Mailing Address

7575 DR PHILLIPS BLVD
STE 225
ORLANDO FL 32819

2. Principal Place of Business

7575 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

SUITE 330

City & State

ORLANDO FL

Zip

32819

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

SUITE 330

City & State

4. FEI Number 59-3705333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 WOODS, JONATHAN D. ESQ

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

425 W. COLONIAL DR.

SUITE 204

City ORLANDO

FL

Zip Code

32804

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEADSLER, GREAGORY M 7575 DR PHILLIPS BLVD STE 225 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOEBBEL, ERIC J 7575 DR PHILLIPS BLVD STE 225 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMPHREY, MARK S 7575 DR PHILLIPS BLVD., STE 225 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, TIMOTHY A 7575 DR PHILLIPS BLVD STE 225 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

ERIC J. HOEBBEL
ERIC J. HOEBBEL

1/3/03

(407) 352-1600

CR2E083 (10/02)