

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004283

1. Entity Name

HERITAGE GROUP OF ORLANDO, L.L.C.

Principal Place of Business

879 BRIGHT MEADOW DRIVE
LAKE MARY FL 32746

Mailing Address

879 BRIGHT MEADOW DRIVE
LAKE MARY FL 32746

2. Principal Place of Business

2110 Judith Place

3. Mailing Address

2110 Judith Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

D'SOUZA, SYBIL
879 BRIGHT MEADOW DRIVE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name Sybil S. D'Souza

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

2110 Judith Place

City Longwood

FL

Zip Code

32779

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

S. D'Souza

3/6/02

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
President Sybil D'Souza
STREET ADDRESS
2110 Judith Place
CITY-ST-ZIP
Longwood FL 32779

☐ Delete

TITLE NAME
Managing Director Desmond D'Souza
STREET ADDRESS
2110 Judith Place
CITY-ST-ZIP
Longwood FL 32779

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
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TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Sybil D'Souza

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

Date

Daytime Phone #

3/6/02 (H) 407-833-8262
(H) 407-665-4103

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

03-20-2002 90005 003 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)