

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90085 029 ****50.00

DOCUMENT # L01000005275

1. Entity Name

URBAN LIFE MANAGEMENT, L.L.C.

Principal Place of Business

**23 NORTH SUMMERLIN AVENUE
 ORLANDO FL 32801**

Mailing Address

**23 NORTH SUMMERLIN AVENUE
 ORLANDO FL 32801**

2. Principal Place of Business

617 E. Central Blvd

3. Mailing Address

617 E. Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3711047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BREWERTON, JOHN L III
 250 NORTH ORANGE AVENUE, PENTHOUSE SUITE
 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

Robert Scheiwiller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **SCHEWILLER, ROBERT T** ☒ Delete
 STREET ADDRESS **23 NORTH SUMMERLIN AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32801** **yes/okay**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Director of Operations** ☒ Change ☐ Addition
 NAME **Managing Member Robert Scheiwiller**
 STREET ADDRESS **617 E. Central Blvd**
 CITY-ST-ZIP **Orlando, FL 32801**

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

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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] REQUIRED

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

Date

Daytime Phone #

1-16-02 407-872-2325

CR2E083 (9/01)