

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-22-2002 90068 020 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005579

1. Entity Name

HENDERSON FAMILY ENTERPRISES, LLC

Principal Place of Business

112 SOUTH LAKE AVE.
ORLANDO FL 32801

Mailing Address

112 SOUTH LAKE AVE.
ORLANDO FL 32801

2. Principal Place of Business

506 MARIPOSA ST
 Suite, Apt. #, etc.

3. Mailing Address

506 MARIPOSA ST
 Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL 32

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

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

HUMPHRIES, J. GREGORY
300 S. ORANGE AVE., STE. 1000
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

PRESIDENT ☐ Delete
J SCOTT HENDERSON
506 MARIPOSA ST
ORLANDO, FLORIDA 32801

VICE PRESIDENT/SEC/TREAS ☐ Delete
NANCY G. HENDERSON
506 MARIPOSA ST.
ORLANDO FLORIDA 32801

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP

11. I hereby certify that the information provided on this report is true and correct, and that the signatures 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 #

CR2E083 (9/01)

4/30/02 407-872-3025