

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90005 018 ****50.00

DOCUMENT # L01000005686

1. Entity Name

CENTRAL FLORIDA TOURISM BUREAU, L.L.C.

Principal Place of Business

Mailing Address

**2004 HOUNDS LAKE COURT
 KISSIMMEE FL 34741**

**2004 HOUNDS LAKE COURT
 KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

7680 Universal Blvd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

Orlando FL

SAME

Zip

Country

Zip

Country

32819

ORANGE

SAME

SAME

4. FEI Number

Applied For

59-3710426

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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. 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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLARD, J. RANDALL 2004 HOUNDS LAKE COURT KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (4/02)

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 #

9/3/2002 (407) 932-1116