

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006536

1. Entity Name

ORANGE BLOSSOM SUITES, LLC

Principal Place of Business

2109 TUSCARORA TRAIL
MAITLAND FL 32751

Mailing Address

2109 TUSCARORA TRAIL
MAITLAND FL 32751

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-372407B

Applied For

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

WHIGHAM, FRANK C
200 W. FIRST ST.
SANFORD FL 32771

Name

ROBERT L. CRAMER

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

2109 TUSCARORA TRAIL

City

MAITLAND

FL

Zip Code

32751

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

Robert L. Cramer

ROBERT L. CRAMER

8-25-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRED B. MORRIS AND ARGENTINA MORRIS
214 MORTON LANE
WINTER SPRINGS FL 32708-3612 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REV. TRUST OF ROBERT L. CRAMER AND PHYLIS
2109 TUSCARORA TRAIL
MAITLAND FL 32751 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Robert L. Cramer

ROBERT L. CRAMER

8-25-02

407-647-4478

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

Date

Daytime Phone #