

2002 UNIFORM BUSINESS REPORT (UBR)

0000158

DOCUMENT # L01000007163

1. Entity Name

MCHANNELSIDE, L.L.C.

Principal Place of Business

41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801
US

Mailing Address

41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0558858

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

REVELLE, JAMES G III
41 WEST CHURCH STREET
SUITE 200
ORLANDO FL 32801

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MG2M
MARK I. GIBSON
41 W. CHURCH STREET, SUITE 200
ORLANDO, FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000008210660-0
-10/04/02--01060--016
*****50.00 *****50.00

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

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

9/24/02

Date

407-425-6826

Daytime Phone #

CR2E083 (4/02)