

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90213 025 \*\*\*\*50.00

**DOCUMENT #** L01000007913

**1. Entity Name**

HEATHROW MORTGAGE REALTY, LLC

**DO NOT WRITE IN THIS SPACE**

966177

**2. Principal Place of Business**

1275 Lake Heathrow Lane

Suite, Apt. #, etc.

**3. Mailing Address**

1275 Lake Heathrow Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Heathrow, FL

**City & State**  
Heathrow, FL

**4. FEI Number**  
59-3726516

**Applied For**

**Not Applicable**

**Zip**  
32746

**Country**  
United States

**Zip**  
32746

**Country**  
United States

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Gray, N. Dwayne Jr. Esq.

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

135 West Central Blvd., Suite 1100

**City**  
Orlando,

**FL**

**Zip Code**  
32801

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** Member  
**NAME** Heathrow Land Company Limited  
**STREET ADDRESS** Partnership 1275 Lake Heathrow Ln.  
**CITY-ST-ZIP** Heathrow, FL 32746

**TITLE** Manager  
**NAME** 4/46A Corp.  
**STREET ADDRESS** 1275 Lake Heathrow Lane  
**CITY-ST-ZIP** Heathrow, FL 32746

**TITLE** Manager  
**NAME** Apostolicas, George P.  
**STREET ADDRESS** 1275 Lake Heathrow Lane  
**CITY-ST-ZIP** Heathrow, FL 32746

**TITLE** Manager  
**NAME** Dick, Michael T.  
**STREET ADDRESS** 1275 Lake Heathrow Lane  
**CITY-ST-ZIP** Heathrow, FL 32746

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IN THIS SPACE**

**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 #

CP2E083B (12/01)