

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 027 ****50.00

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DOCUMENT # L01000012668

1. Entity Name

QUAIL RUN AT REMINGTON, LC



Principal Place of Business

Mailing Address

~~295 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

~~235 SOUTH MAITLAND AVE. STE 216~~
~~MAITLAND FL 32751~~

2. Principal Place of Business

1053 MAITLAND CENTER
Suite, Apt., etc. **COMMONS BLVD.**
200

3. Mailing Address

1053 MAITLAND CENTER
Suite, Apt., etc. **COMMONS BLVD.**
200



☒ CHECK HERE IF MAKING CHANGES

City & State

MAITLAND, FL.

City & State

MAITLAND, FL.

4. FEI Number

59-3736778

Applied For

Not Applicable

Zip

FL.

Country

32751

Zip

32751

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, BERRY J JR ESQ
WALKER & TUDHOPE, P.A.
~~235 MAITLAND AVE. SOUTH, STE. 216~~
~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent

Name **WALKER, BERRY, J. JR. ESQ**
Street Address (P.O. Box Number is Not Acceptable)
WALKER & TUDHOPE, P.A.
1053 MAITLAND CENTER COMMONS
SUITE-200
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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BHAVSAR, I.C.**
STREET ADDRESS **P.O. BOX 336284**
CITY-ST-ZIP **ORLANDO FL 32853**

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
NAME **BHAVSAR, I.C.**
STREET ADDRESS **6167 HARBORTOWN CT.**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4-25-03

**407-
548-1058**

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

Date

Daytime Phone #

CR2E083 (10/02)