

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2003 90189 042 ****50.00

DOCUMENT # L01000012670

1. Entity Name

EAGLE'S LANDING AT REMINGTON, LC



Principal Place of Business

Mailing Address

~~235 SOUTH MAITLAND AVE., STE. 210
MAITLAND FL 32751~~

~~235 SOUTH MAITLAND AVE., STE. 210
MAITLAND FL 32751~~

2. Principal Place of Business

1053 MAITLAND CENTER

3. Mailing Address

1053 MAITLAND CENTER

Suite, Apt. #, etc. **COMMONS
200 BLVD.**

Suite, Apt. #, etc. **COMMONS BLVD
200**

☒ CHECK HERE IF MAKING CHANGES

City & State
MAITLAND, FL.

City & State
MAITLAND, FL.

4. FEI Number **59-3736779**

Applied For

Not Applicable

Zip
32751

Country

Zip
32751

Country

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

WALKER, BERRY J JR ESQ

WALKER & TUDHOPE, P.A.

**235 MAITLAND AVENUE SOUTH, STE. 210
MAITLAND FL 32751**

Name **WALKER BERRY J. JR. ESQ.**

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

WALKER & TUDHOPE, P.A.

**1053 MAITLAND CENTER COMMONS
BLVD**

City **SUITE-200**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BHAUSAR, I.C.
P.O. BOX 536284
ORLANDO FL 32853** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

4-25-03

**407
948-1058**

CR2E083 (10/02)