

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012952

1. Entity Name  
SFR-LBS, LLC

**FILED**  
Sep 15, 2002 8:00 am  
Secretary of State

09-15-2002 90091 012 \*\*\*\*50.00

0004807

Principal Place of Business  
1000 ALBAMONTE COURT  
OVIEDO FL 32765

Mailing Address  
1000 ALBAMONTE COURT  
OVIEDO FL 32765

LINDA B. SPENCER, Ph.D.  
32850 LAKESHORE DR.

980731

2. Principal Place of Business  
32850 Lakeshore Dr

3. Mailing Address  
TAVARES, FL 32778-5034

Suite, Apt. #, etc.  
#

Suite, Apt. #, etc.

City & State  
Tavares FL

City & State  
Same

4. FEI Number  
60 0000 330

Applied For  
Not Applicable

Zip  
32778

Country  
-USA

Zip  
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

SPENCER, LINDA B  
1000 ALBAMONTE COURT  
OVIEDO FL 32765

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 *Linda Spencer mgr* Linda Spencer

7-30-02

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  
MGR  
SPENCER, LINDA B  
1000 ALBAMONTE COURT  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
32850 Lakeshore Dr  
Tavares FL 32778 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
QUAIL, LORENE  
1000 ALBAMONTE COURT  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700 N. Belfast Pl  
Chuluota FL 32766 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: *Linda Spencer mgr* Linda Spencer

7-30-02 352-343 4644

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

Date

Daytime Phone #

CR2E083 (4/02)