

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90110 006 \*\*\*\*\*50.00

0039570

**DOCUMENT # L01000013210**

1. Entity Name

**AMERICA'S FIRST HOME OF CENTRAL FLORIDA, LLC**



Principal Place of Business

**9220 BONITA BEACH ROAD  
SUITE 109  
BONITA SPRINGS FL 34135**

Mailing Address

**9220 BONITA BEACH ROAD  
SUITE 109  
BONITA SPRINGS FL 34135**

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 **59-3737165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**FREY, BARRY E  
9220 BONITA BEACH ROAD  
SUITE 109  
BONITA SPRINGS FL 34135**

## 7. Name and Address of New Registered Agent

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 Florida Department of State  
Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>FREY, BARRY E<br/>9220 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>WILSON, RONALD E<br/>9220 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>PETERSEN, SHELLY<br/>9220 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>SABELLA, THERESA<br/>9220 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>KLEINSMITH, DAWN A<br/>9220 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

## 10. ADDITIONS/CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-15-03 407-834-7444**

CR2E083 (10/02)