

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 009 \*\*\*\*50.00

**DOCUMENT # L01000014476**

1. Entity Name

**PAGE BAILEY INSTITUTE INTERNATIONAL OF ORLANDO, LLC**

Principal Place of Business

**1656 ALGONQUIN TRAIL  
 MAITLAND FL 32751**

Mailing Address

**1656 ALGONQUIN TRAIL  
 MAITLAND FL 32751**

2. Principal Place of Business

**Same**  
 Suite, Apt. #, etc.

3. Mailing Address

**Same**  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3741992**

Applied For

Not Applicable

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

**CARAWAY, AMY L  
 1656 ALGONQUIN TRAIL  
 MAITLAND FL 32751**

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

*Amy Caraway*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/21/02**

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 ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PAGE BAILEY INSTITUTE INTERNATIONAL, LLC**  
 CITY-ST-ZIP **6506 SE SE REED COLLEGE PLACE  
 PORTLAND OR 97202**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **CARAWAY, AMY L**  
 CITY-ST-ZIP **1656 ALGONQUIN TRAIL  
 MAITLAND FL 32751**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **CARAWAY, THOMAS L**  
 CITY-ST-ZIP **1656 ALGONQUIN TRAIL  
 MAITLAND FL 32751**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:**

*Amy Caraway*

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

**7/21/02**

Date

**407 629 0424**

Daytime Phone #

CR2E083 (4/02)