

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90088 036 ****50.00

DOCUMENT # L01000015761

1. Entity Name

MEDALLION MOBILE HOME PARK, LLC
Golden Estates, LLC

Principal Place of Business

9956 KILGORE ROAD
ORLANDO FL 32836

Mailing Address

9956 KILGORE ROAD
ORLANDO FL 32836

2. Principal Place of Business

22 N. Golden Gem Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 692411

Suite, Apt. #, etc.

City & State
Umatilla, FL

City & State
Orlando, FL

Zip
32784

Country
USA

Zip
32869

Country
USA

4. FEI Number

59-3745866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D ESQ.
15 WEST CHURCH STREET, SUITE 203
ORLANDO FL 32801

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
MGR
 NAME
QUACKENBUSH, JEFFREY R
 STREET ADDRESS
9956 KILGORE ROAD
 CITY-ST-ZIP
ORLANDO FL 32836

☐ Delete

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Jeffrey R. Quackenbush

3-27-02 407-876-1156

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

Date

Daytime Phone #

CR2E083 (9/01)