

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019045

1. Entity Name

ORLANDO LEISURE DEVELOPMENT GROUP, LLC

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-31-2002 90029 025 ****50.00

Principal Place of Business

1801 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

1801 E. COLONIAL DRIVE
ORLANDO FL 32803

2. Principal Place of Business

1801 E. Colonial Drive

Suite, Apt. #, etc.
168

City & State

Orlando, FL

Zip

32803

Country

3. Mailing Address

717-Altaloma Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

4. FEI Number

59-3754570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WU, MARTIN
717 ALTALOMA AVENUE, SUITE A
ORLANDO FL 32803

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 reissuing)

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	☐ Delete
NAME	ALEXANDER MARIN, CHADWICK	
STREET ADDRESS	4028 SOUTH APOPKA VINELAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	MGR	☐ Delete
NAME	HENRY POPE, JAMES	
STREET ADDRESS	622 E. WASHINGTON STREET #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGR	☐ Delete
NAME	WU, MARTIN	
STREET ADDRESS	717 ALTALOMA AVENUE, SUITE A	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	☐ Delete
NAME	LEE, DAVID C	
STREET ADDRESS	5451 VINELAND ROAD #2308	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	MGR	☐ Delete
NAME	SUMRALL, HASKELL HORNE JR.	
STREET ADDRESS	717 ALTALOMA AVE., SUITE A	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	☐ Delete
NAME	WU, AMY	
STREET ADDRESS	717 ALTALOMA AVE., SUITE A	
CITY-ST-ZIP	ORLANDO FL 32803	

10. ADDITIONS/CHANGES

TITLE	MGR	☒ Change ☐ Addition
NAME	Alexander Martin, Chadwick	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	MGR	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	MGR	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	MGR	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	MGR	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	MGR	☐ Change ☐ Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	

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: Chadwick Alexander Marin **REQUIRED**

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

Date

Daytime Phone

1/25/02 407.898.1266

CR2E083 (9/01)