

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90012 031 \*\*\*\*50.00

0006172

**DOCUMENT # L02000004691**

1. Entity Name

**FLORIDA HOMES REALTY, LC**



Principal Place of Business

**2479 ALOMA AVENUE  
WINTER PARK FL 32792**

Mailing Address

**2479 ALOMA AVENUE  
WINTER PARK FL 32792**

**30047820**

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

**04-3679077**

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

**ROBERT M. GARDNER, P.A.  
2699 LEE ROAD  
SUITE 320  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**157 E. New England Ave.  
Ste 370**

City

**Winter Park**

**FL**

Zip Code

**32789**

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

**21 Mar 03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>Manager</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, Christopher J.</b>	
STREET ADDRESS	<b>2479 Aloma Ave</b>	
CITY-ST-ZIP	<b>Winter Park FL 32792</b>	
TITLE	<b>Manager</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, Andrew M.</b>	
STREET ADDRESS	<b>2479 Aloma Ave</b>	
CITY-ST-ZIP	<b>Winter Park FL 32792</b>	
TITLE	<b>Manager</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, Joseph J.</b>	
STREET ADDRESS	<b>2479 Aloma Ave</b>	
CITY-ST-ZIP	<b>Winter Park FL 32792</b>	
TITLE	<b>Manager</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, Robert N.</b>	
STREET ADDRESS	<b>2479 Aloma Ave</b>	
CITY-ST-ZIP	<b>Winter Park FL 32792</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**3-10-03**

**407 6791748**

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

Date

Daytime Phone #

CR2E083 (10/02)