

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L93000000148**1. Entity Name
MOTOR MANSION, L.C.

Principal Place of Business 1000 W. MAIN ST. LEESBURG FL 34748	Mailing Address 1000 W. MAIN ST. LEESBURG FL 34748
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number
59-3179513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required**6. Name and Address of Current Registered Agent**MORRISON FRED A
1000 WEST MAIN STREET

LEESBURG FL 34748 US**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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	MEM	<input type="checkbox"/> Delete
NAME	BURNSD R D	
STREET ADDRESS	1000 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	MCLIN WALTER S	
STREET ADDRESS	1000 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	ENTERTAINMENT COACHES OF AMERICA, INC.	
STREET ADDRESS	31017 AIRWAY RD.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSD R D	
STREET ADDRESS	1000 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLIN WALTER S	
STREET ADDRESS	1000 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTERTAINMENT COACHES OF AMERICA, INC.	
STREET ADDRESS	31017 AIRWAY RD.	
CITY-ST-ZIP	LEESBURG FL 34748	
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
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Entertainment Coaches of America, Inc. MGRM 04/26/2001

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

Date

Daytime Phone #

CR2E083 (11/00)