

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90027 027 ****50.00

DOCUMENT # L94000000055

1. Entity Name

COMMONS MARKETPLACE I, L.C.

Principal Place of Business

**2600 TECHNOLOGY DRIVE, SUITE 200
 ORLANDO FL 32804**

Mailing Address

**2600 TECHNOLOGY DRIVE, SUITE 200
 ORLANDO FL 32804**

2. Principal Place of Business

8000 Red Bay Lake Rd
 Suite, Apt. #, etc.

3. Mailing Address

1950 Lee Road
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Winter Park FL

Zip

Country

Seminole

Zip

32785

Country

Orange

4. FEI Number

59-3225330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRADFORD, KANAN S
 1325 W. COLONIAL
 STE. 200
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Percy B Bell**
 Street Address (P.O. Box Number is Not Acceptable)
1950 Lee Road
Suite 225
 City **Winter Park** **FL** Zip Code **32785**

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMONS MEDICAL DEVELOPMENT, INC. 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRADFORD, KANAN S 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RHONA, KANAN J 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAN Realty Group Inc 1950 Lee Rd Suite 225 Winter Park FL 32785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1950 Lee Rd Suite 225 Winter Park FL 32785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED **Percy B Bell** **1/24/02** **407-645-0859**

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

Date

Daytime Phone #

CR2E083 (9/01)