

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L94000000126

1. Entity Name

KARTWORLDS OF CENTRAL FLORIDA L.C.

00 APR 29 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7551 CURRENCY DRIVE
ORLANDO FL 32809

Mailing Address

7551 CURRENCY DRIVE
ORLANDO FL 32809-6982

2. Principal Place of Business

4708 W. Bronson Hwy.

Suite, Apt. #, etc.

3. Mailing Address

4708 W. Bronson Hwy.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

USA

Zip

34746

Country

USA

4. FEI Number

59-3247010

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARK, ROBERT R.
7551 CURRENCY DRIVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Clark, Robert R.

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

14654 Eagles Crossing

City

Orlando

FL

Zip Code

32837

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

4/27/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, ROBERT 7551 CURRENCY DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, TIMOTHY M 7551 CURRENCY DRIVE ORLANDO FL 32809	<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 CLARK, ROBERT 14654 Eagles Crossing Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, TIMOTHY M. 14116 Sneed Circle Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003250939--1 -05/12/00--01097--005 *****55.00 *****55.00	<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 form 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 of trustes empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE Robert R. Clark

Date

4/27/00 407-390-7071

Daytime Phone #

CR2E083 (9/99)