

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000556

1. Entity Name
ANCOR LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business
345 E. STATE ROAD 436, SUITE 101
FERN PARK FL 32730

Mailing Address
345 E. STATE ROAD 436, SUITE 101
FERN PARK FL 32730-2791



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7633 Conroy Windermere Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2420
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Windermere FL

Zip
32835

Country
USA

Zip
34786

Country
USA

4. FEI Number
59-3227147

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWDER, DAVID
345 E. STATE ROAD 436, SUITE 101
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name
CORNELIUS VAN TONDER

Street Address (P.O. Box Number is Not Acceptable)
3418 S W POPKA-VINELAND RD

City
Orlando FL

Zip Code
32835

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

3/20/00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

M
VAN TONDER, CORNELIUS
345 E. STATE ROAD 436
FERN PARK FL 32730

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

M
VAN TONDER, CORNELIUS JR.
345 E. STATE ROAD 436
FERN PARK FL 32730

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Van Tonder, Cornelius
PO Box 2420
Windermere FL 34786

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Van Tonder Cornelius Jr.
PO Box 2420
Windermere FL 34786

☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP

000003177880
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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

11/9/2000

407-445-1199

CR2E083 (9/99)