

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000556

1. Entity Name
ANCOR LIMITED LIABILITY COMPANY

Principal Place of Business
7633 CONROY WINDERMERE RD.
ORLANDO FL 32835

Mailing Address
P.O. BOX 2420
WINDERMERE FL 32835

FILED

01 FEB 14 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3227147

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN TONDER, CORNELIUS
3418 S. APOPKA - VINELAND RD.
ORLANDO FL 32835

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
M VAN TONDER, CORNELIUS
STREET ADDRESS P.O. BOX 2420
CITY-ST-ZIP WINDERMERE FL 34786

TITLE NAME ☒ Change ☐ Addition
P.O. Box 2281
STREET ADDRESS WINDERMERE FL 34786
CITY-ST-ZIP

TITLE NAME ☐ Delete
M VAN TONDER, CORNELIUS JR.
STREET ADDRESS P.O. BOX 2420
CITY-ST-ZIP WINDERMERE FL 34786

TITLE NAME ☒ Change ☐ Addition
P.O. Box 2281
STREET ADDRESS WINDERMERE FL 34786
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE OF TONDER

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

2/11/01

Date

407-448-9400

Daytime Phone #

0023299 AF

CR2E083 (11/00)