

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001178 AF

DOCUMENT # L95000000089

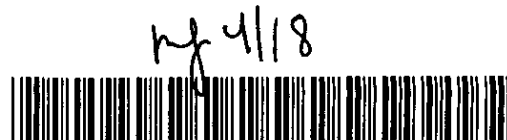
1. Entity Name
WELP MEMPHIS OUTLET, L.C.

00 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3295420

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

LEWIS VEGOSEN & ROSENBAUGH, P.A.
ATTN: DEAN VEGOSEN
500 S. AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

Name Lothar Estein

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

5211 International Drive

City

Orlando

FL

Zip Code 32819

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

Lothar Estein, Manager

3-30-00

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 MGR
ESTEIN, LOTHAR
STREET ADDRESS % 5211 INTERNATIONAL DR.
CITY- ST- ZIP ORLANDO FL 32819 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003224306--9
CITY- ST- ZIP -04/26/00--01019--021
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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 REQUIRED Lothar Estein

3-30-00

407-354-3307

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

Date

Daytime Phone #

CR2E083 (9/99)