2001 UNIFORM BUSINESS REPORT (UBR)

| DOCU 1. Entity Nar | ne | | 00000228 | | · | | | | | | | |
|---|------------------------|---|--|---------------------|-------------------------|--|--|-------------------------------|--------------------------------|----------------------------|--------------------------|--|
| GATORWOOD, L.C. | | | | | | | FILED | | | | | |
| Principal Plac | oo of Business | · . | | | 01 FEB 19 AM 9:35 | | | | | | | |
| • | | | | | | etepeTARY (| TE STAT | Ľ. | | | | |
| 412 NE 16TH GAINESVILLE | | 412 NE 16TH AVE. GAINESVILLE FL 32601 | | | | | SECRETARY (TALL'AHASSEE | FLORI | ΑĞ | | | |
| | | | | | | | | | | | 11 36 1 (31) (36) | |
| 9 Principal I | Place of Busin | | | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | ., | | | |
| Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat | te | | City & State | City & State | | | 4. FEI Number Applied For Not Applicable | | | | | |
| Złp | Zip Country | | Zip | Zip Coun | | | Certi | ficate of Status Desired | | 5.00 Add | ditional | |
| | 6. Name | and Address of Curr | ent Registered Agent | <u> </u> | 77.4 | ~ 7. | *Name | and Address of New Ro | | ee Require | ed | |
| | | | | | Name | | | | | | | |
| - | LEE, DENNIS G | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 412 NE 1 | | | • | | | | | | ••• | | | |
| GAINESV | | | | | | | · · · · · | | | | | |
| | | | | | City | | | | FL | Zip Cod | e | |
| 8. The above | named entit | y submits this stateme | nt for the purpose of changing its | s register | ed office or re | egistered a | gent, d | or both, in the State of Flor | rida. | | | |
| 0/04/47/205 | | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered a | gent and title if applicable. (NO | E: Registere | ed Agent signature | required when | reinstati | ng) | DATE | | | |
| | | | EII E N | OWIII | FEE IS \$50 | 0.00 | | | | | | |
| | | | Make Check Pa | | - | | ate | | | | | |
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| 9. | 140514 | MANAGING ME | MBERS/MEMBERS | 10. | - 1 | | | ADDITIONS/ | | | | |
| TITLE NAME | MGRM LEE, DEN | NIS G | ☐ Delete | TITL | _ | | | | l | Change | ☐ Addition | |
| STREET ADDRESS | 412 NE 1 | STH AVE. | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | LLE FL 32601 | _ . | _ | '-ST-ZIP | | | | | | | |
| TITLE . NAME | MGRM | ANITT I | ☐ Delete | Titl Nam | | | | | | Change | Addition | |
| STREET ADDRESS | MILLER, J 412 NE 10 | | | | EET ADDRESS | | | 0000037 -02/21/ | <u> 454</u> | 80- | \overline{r} | |
| CITY-ST-ZIP | | LLE FL 32601 | | CITY | -ST-ZIP | | | -UZ/Z1/ | <u>, 00 %</u> | <u> </u> | <u> </u> | |
| TITLE | MGRM | | ☐ Delete | זוזג | | | | | | _ Change | Addition | |
| NAME Street adoress | LEE, EMIL | | | NAM | ie Eet address | | | | | | | |
| CITY-ST-ZIP | 412 NE 10 GAINESVI | LE FL 32601 | | | -ST-ZIP | | | | | | | |
| TITLE . | | | ☐ Delete | TITL | E | | | - | , [| Change | Addition | |
| NAME LDDDCCC | | | | NAM | | | | | | | | |
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| NAMÉ | | | | NAM | _ | | | 1/ | - | - | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -ST-ZIP | | | Spr | | | | |
| TITLE | | | ☐ Delete | TITL | | | | | ſ | Change | ☐ Addition | |
| NAME | , | | | NAM | | | | | • | | | |
| STREET ADDRESS | | | • | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | nortification at all | information accounts of | with this filling door set and the | | -ST-ZIP | d la 6 | . 110 - | 7/9/(i) El-22- C 1 | 6th | . sh ' | | |
| indicated | l on this repoi | t is true and accurate a | with this filing does not qualify fo and that my signature shall have | the same | e legal effect : | as if made | under | oath; that I am a managi | rurtner certify ng member (| r that the ir or manage | normation r of the | |
| iimitea lia | ionity compar | y or the receiver or tru | stee empowered to execute this | report as | required by | onapter 60 | ט, Flo | rida Statutes. | | | | |
| 010114- | 110c. | SICELL | Turk reou | 113)[F] | i)) | 2 | 1. | 5/01 3: | 5.J. 22 | 41971 | _ | |
| SIGNAT | | IND TYPED OR PRINTED NA | ME OF SIGNING MANAGING MEMBER, MA | NAGER, OR | AUTHORIZED RE | مسکر EPRESENTATIO | | Date Date | | ime Phone # | | |
| | | | | | | | | | | | | |