

2001 UNIFORM BUSINESS REPORT (UBR)

0015224 AF

DOCUMENT # L95000000998

1. Entity Name
ORLANDO TECHCENTER, L.L.C.

FILED

01 APR 23 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1350 E. NEWPORT CENTER DRIVE
SUITE 206
DEERFIELD BEACH FL 33442

Mailing Address
P.O. BOX 4219
DEERFIELD BEACH FL 33442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0632700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAY, JAMES R
777 S. FLAGLER DR, SUITE 900
WEST PALM BEACH FL

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 MGR
STREET ADDRESS ACKERMANS, UTA
CITY-ST-ZIP HOCHSTRASSE 12, D-47877
WILICH-SCHIEFBahn, GERMANY OC ☐ Delete

TITLE NAME VP
STREET ADDRESS Linda Kassof
CITY-ST-ZIP 1350 E. Newport Ctr Drive, Ste 206
Deerfield Beach, Fl 33442 ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS MARKUS, VOLHOL
CITY-ST-ZIP HOCHSTRASSE 12, D-47877
WILICH-SCHIEFBahn, GERMANY OC ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS GUENTHER, REIBLING
CITY-ST-ZIP 1350 E. NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS LORENZ, REIBLING
CITY-ST-ZIP 1350 E. NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Linda G. Kassof
LINDA G. KASSOF

4-16-01

954-428-885

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

Date

Daytime Phone #

CR2E083 (11/00)