

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000159**

1. Entity Name

ORLANDO TECHCENTER II, L.L.C.

FILED

00 APR 28 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1400 E. NEWPORT CENTER DRIVE
SUITE 209
DEERFIELD FL 33442

Mailing Address

1400 E. NEWPORT CENTER DRIVE
SUITE 209
DEERFIELD FL 33442-7713

2. Principal Place of Business

1350 E. Newport Center
Suite, Apt. #, etc.
Suite 206

3. Mailing Address

PO Box 4219
Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442-4219

Country

USA

4. FEI Number

65-0648018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R
777 S. FLAGLER DR, SUITE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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

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

TITLE MGR ☐ Delete
NAME GUENTHER, REIBLING
STREET ADDRESS 1400 NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 500003238365--0
STREET ADDRESS -05/03/00--01137--016
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1350 E. Newport Center Dr Ste 206
CITY-ST-ZIP Deerfield Beach, FL 33442

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Linda G. Kassof

SIGNATURE REQUIRED

Linda G. Kassof 4/27/00

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

Date

Daytime Phone #

CR2E083 (9/99)