

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000226

1. Entity Name
TRIVEST ORLANDO, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
648 DARTMOUTH STREET
ORLANDO FL 32804

Mailing Address
648 DARTMOUTH STREET
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368807

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

LAZARUS, RANDY
~~648 DARTMOUTH STREET~~
~~ORLANDO FL 32804~~

Name LAZARUS, RANDY

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

1811 OAKLAND LANE

City Mt. Dora

FL

Zip Code 32757

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.

Randy Lazarus

(NOTE: Registered Agent signature required when reinstating)

7/29/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HONEY, RICHARD N
STREET ADDRESS 3 BROOK AVENUE
CITY-ST-ZIP KINSALED VA 22488 ☐ Delete

TITLE
NAME 200003350032-1
STREET ADDRESS -08/08/00--01097--017
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGRM
NAME LAZARUS, RANDALL C
STREET ADDRESS 300 WILD OLIVE LN
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME 1811 OAKLAND LANE
STREET ADDRESS Mt. Dora, Florida
CITY-ST-ZIP 32757 ☒ Change ☐ Addition

TITLE MGRM
NAME RONCA, LOUIS G
STREET ADDRESS 205 HONEYSUCKLE LN
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

CR2E083 (5/00)