

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000226

1. Entity Name
TRIVEST ORLANDO, L.C.

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

648 DARTMOUTH STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32804

Country

US

Zip

32804

Country

US

4. FEI Number

59-3368807

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZARUS, RANDY
1811 OAKLAND LANE
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name LAZARUS, RANDY

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

1188 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.

(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 MGRM
NAME HONEY, RICHARD N
STREET ADDRESS 3 BROOK AVENUE
CITY-ST-ZIP KINSALE VA 22488

TITLE MGRM
NAME LAZARUS, RANDALL C
STREET ADDRESS 1811 OAKLAND LANE
CITY-ST-ZIP MT. DORA FL 32757

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MGRM
NAME LAZARUS, RANDALL C
STREET ADDRESS 1188 OAKLAND LANE
CITY-ST-ZIP MT. DORA FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

RANDY LAZARUS

2/13/01

352-385-0864

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

Date

Daytime Phone #

0005612

CR2E083 (11/00)

FILED
01 FEB 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE