

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000593

1. Entity Name
HOUSE HUNTERS L.C.

FILED

01 MAR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1548 SEMINOLA BLVD
SUITE 121
CASSELBERRY FL 32707

CHANGE
TO "#"
NOT
SUITE

Mailing Address
5840 RED BUG LAKE RD
SUITE 260
WINTER SPRINGS FL 32708



2. Principal Place of Business

3. Mailing Address

5840 RED BUG LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260

City & State

City & State

WINTER SPRINGS FL

Zip

Country

Zip

Country

32708

4. FEI Number

59-3381745

Applied For

Not Applicable

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

SCHMID, GREGORY S
4629 IRON GATE CT.
SANFORD FL 32773

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRODSKY, ROBERT L
5840 RED BUG LAKE RD., SUITE 260
WINTER SPRINGS FL 32708 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CRANE, VALERIE A
5840 RED BUG LAKE RD., STE. 260
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003930955 ☐ Change ☐ Addition
-03/30/01--01032--009
*****50.00 *****50.00

TITLE
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STREET ADDRESS
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-695-5151

3/16/2001

CR2E083 (11/00)