

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000615

1. Entity Name

RELOCATION INVESTMENTS, L.C.

Principal Place of Business

2920 CARDINAL DR.
VERO BEACH FL 32963

Mailing Address

505 BEACHLAND BLVD.
SUITE 1-215
VERO BEACH FL 32963-1710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0675821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TONER, JOHN
2920 CARDINAL DR.
VERO BEACH FL 32963

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 NAME STREET ADDRESS CITY- ST- ZIP
MGR PLAYFORD, GILBERT E 4773S NEWPORT ISLAND DR VERO BEACH FL 32967 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR MCARTHUR, ARDIS 200 CONSUMERS ROAD ONTARIO CA. ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR TONER, JOHN 4870 COVENTRY COURT VERO BEACH FL ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Delete

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ADDITIONS/CHANGES

☐ Change ☐ Addition

700003119357--9

-02/01/00--01122--014

*****50.00 *****50.00

☐ Change ☐ Addition

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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 REQUIRED A TONER

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

1/14/00

Date

561-234-5466

Daytime Phone #