

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000615

1. Entity Name

RELOCATION INVESTMENTS, L.C.

FILED

OCT -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2920 CARDINAL DR.  
VERO BEACH FL 32963

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0675821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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  
Due By September 26, 2001

000004621720--4  
-10/03/01--01052--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED

Sept 8, 2001

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

Date

Daytime Phone #

CP2E083 (5/01)