

2001 UNIFORM BUSINESS REPORT (UBR)

0026418 AF

DOCUMENT # L96000000776

1. Entity Name
SUNRUNNER-ORLANDO, L.C.

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10255 GENERAL DRIVE
UNIT B-4
ORLANDO FL 32824

Mailing Address
175 UNIVERSAL DRIVE N.
NORTH HAVEN CT 06473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3399597

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

MALONE, JAMES
10255 GENERAL DRIVE
UNIT B-4
ORLANDO FL 32824

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 MGRM ☐ Delete
NAME CARLONI, DANIEL A
STREET ADDRESS 150 SHORE DRIVE
CITY-ST-ZIP BRANFORD CT 06405

TITLE ☐ Change ☐ Addition
NAME 1000041336
STREET ADDRESS -05/03/01--01068--028
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME MALONE, JAMES
STREET ADDRESS 3131 S.W. MATIN DOWNS BLVD., STE. 339
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE MGRM ☐ Delete
NAME SMITH, TREEVE
STREET ADDRESS 4000 S. LAKE UNDERHILL DRIVE
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE MGRM ☐ Delete
NAME TORRENTI, R. EUGENE
STREET ADDRESS 28 WOODSIDE DRIVE
CITY-ST-ZIP ORANGE CT 06477

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 231 HAWTHORNE LAKE
CITY-ST-ZIP ORANGE, CT 06477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/18/01 (203) 234-9099
Date Daytime Phone #

CR2E083 (11/00)