

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001001

1. Entity Name

2001-27 LIMITED COMPANY

FILED

00 JAN 28 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 E. COLONIAL DR.
SUITE 910
ORLANDO FL 32803

Mailing Address

400 E. COLONIAL DR.
SUITE 910
ORLANDO FL 32803-4534

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

59-3435458

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

LANE, MARION E
400 EAST COLONIAL DRIVE
SUITE 910
ORLANDO FL 32803

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 MGRM LANE, MARION E ☐ Delete
STREET ADDRESS 400 E. COLONIAL DR. SUITE 910
CITY-ST-ZIP ORLANDO FL 32803

TITLE NAME MGRM KAPANKE, WILLIAM E ☐ Delete
STREET ADDRESS 2606 CANTER CLUB TRAIL
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME MGRM ARTIP, HAROLD G ☐ Delete
STREET ADDRESS 912 CUTLER RD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE NAME MGRM MASTIN, PATRICIA D ☐ Delete
STREET ADDRESS 944 FEATHER DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME MGRM BRYANT, LESTER R ☐ Delete
STREET ADDRESS 439 PINNERS COVE RD
CITY-ST-ZIP ASHVILLE NC 28803

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003121744--?
CITY-ST-ZIP -02/02/00--01108--023
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

1-14-00

407-481-9890