

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001359

1. Entity Name
COMMONS OVIEDO I, L.C.

Principal Place of Business
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

Mailing Address
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804-7133

2. Principal Place of Business
2600 Technology Drive
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
2600 Technology Drive
Suite, Apt. #, etc.
Suite 200

City & State
Orlando, FL
Zip
32804

Country

City & State
Orlando, FL
Zip
32804

Country

4. FEI Number 59-3426404

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

KANAN, BRADFORD S
1325 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR KANAN FAMILY LTD
STREET ADDRESS 1325 W. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE NAME MEM KANAN, BRADFORD
STREET ADDRESS 1325 W. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE NAME MEM KANAN, RHONDA
STREET ADDRESS 1325 W. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
200003273542-3
-06/01/00--01935 019
*****50.00 *****50.00

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 #

CR2E083 (9/99)