

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001224 AF

DOCUMENT # L97000000598

1. Entity Name
WELP COMMONS, L.C.

00 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/1/98



Principal Place of Business
10TH FL., 500 S. AUSTRALIAN AVE.
WEST PALM BEACH FL 33401

Mailing Address
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 59-3450088
Applied For
Not Applicable

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

LEWIS, VEGOSEN, ROSENBAUGH & SILBER, P.A.
10TH FL., 500 S. AUSTRALIAN AVE.
WEST PALM BEACH FL 33401

Name Lothar Estein
Street Address (P.O. Box Number is Not Acceptable)
5211 International Drive
City Orlando FL Zip Code 32819

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 Lothar Estein, Manager 3-30-00
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 MEM
NAME ESTEIN, LOTHAR
STREET ADDRESS 5211 INTERNATIONAL DR.
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME 700003224307--6
STREET ADDRESS -04/26/00--01019--022
CITY-ST-ZIP *****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Lothar Estein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-30-00 407-354-3307
Date Daytime Phone #

CR2E083 (9/99)