

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000979

1. Entity Name
ASI OF ORLANDO, LC

Principal Place of Business Mailing Address
3800 S. JOHN YOUNG PARKWAY, SUITE B 3800 S. JOHN YOUNG PARKWAY, SUITE B
ORLANDO FL 32839 ORLANDO FL 32839-8651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11100 E REVELS RD 11100 E. REVELS RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOWEY-IN-THE-HILLS FL HOWEY-IN-THE-HILLS FL
Zip Country Zip Country
34737 USA 34737 USA

4. FEI Number 59-3467061 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

ALLEN, NOLA
3800 S. JOHN YOUNG PARKWAY, SUITE B
ORLANDO FL 32806

Name NOLA ALLEN
Street Address (P.O. Box Number is Not Acceptable)
11100 E. REVELS RD
City City HOWEY-IN-THE-HILLS FL Zip Code 34737

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 *Nola Allen* NOLA ALLEN 5/9/00
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, NOLA 3800 S. JOHN YOUNG PARKWAY, SUITE B ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11100 E. REVELS RD HOWEY-IN-THE-HILLS FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200003279452-0 -06/07/00-01018-024 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nola Allen* NOLA ALLEN 5/9/00 352-343-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)