

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001233 AF

DOCUMENT # L97000001112

1. Entity Name
FLORIDA COMMERCIAL MANAGEMENT COMPANY, L.C.

00 MAY -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1313 COUNTRYRIDGE PLACE
ORLANDO FL 32835

Mailing Address
1313 COUNTRYRIDGE PLACE
ORLANDO FL 32835-0019



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503562

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWEN, DAVID M JR
1313 COUNTRYRIDGE PLACE
ORLANDO FL 32835

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
OWEN, DAVID M JR
STREET ADDRESS 3612 NW 7TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE NAME MGRM
CHILD CARE MANAGEMENT CORPORATION
STREET ADDRESS 18 WEST STOW ROAD
CITY-ST-ZIP MARLTON NJ 08053

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM
David M. Owen, Jr.
STREET ADDRESS 1313 Countryridge Place
CITY-ST-ZIP Orlando, FL 32835

TITLE NAME MGRM
Edwin J. Thomas
STREET ADDRESS 18 W. Stow Road
CITY-ST-ZIP Marilton, NJ 08053

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 OR MANAGER

Date

Daytime Phone #

4/27/00 407-418-6229

(66/6) 080325 C