

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L980000000034

1. Entity Name

GLOBE DOOR, L.L.C.

FED.ID# 59-3485921

Principal Place of Business

1271 REGENCY PLACE  
HEATHROW FL 32746

Mailing Address

1271 REGENCY PLACE  
HEATHROW FL 32746-4339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN WORMER, NORMAN N  
1271 REGENCY PLACE  
HEATHROW FL 32746

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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
VAN WORMER, NORMAN N  
1271 REGENCY PLACE  
HEATHROW FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
400003156184--4  
-03/03/00--01047--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
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3/31/00

☐ Change ☐ Addition

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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:

*Kathryn Van Wormer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-14-2000

Date

517.846.9591

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 22 PM 12:49



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3485921  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

CR2E083 (9/99)