## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L98000000343 00 MAR 30 PH 12: 31 1. Entity Name FRIENDS OF IVDS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business -1245 WEST FAIRBANKS AVE., SUITE 380 1245 WEST FAIRBANKS AVE., SUITE 380 WINTER PARK FL 32789-4878 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State APPEIED FOR Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VEGA, RICHARD L SR. Street Address (P.O. Box Number is Not Acceptable) 1245 WEST FAIRBANKS AVE., SUITE 380 WINTER PARK FL 32789 Zip Code City 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. TIT1 F Changa Addition | TITLE MGR Detete MAME NAME vega, richard L Sr. STREET ADDRESS STREET ADDRESS 1245 WEST FAIRBANKS AVE., SUITE 380 CITY-ST-ZIP CITY- 81-7(P WINTER PARK FL 32789 Addition ☐ Change ☐ Delete TITLE TITLE 000003205150-MAME NAME RIBERT ADDRESS STREET ADDRESS -04/12/00--01012--017 CITY-ST-71P CITY-ST-ZIP \*\*\*\*\*50.00 <u>\*\*\*\*\*50\_00</u> Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additton TITLE ☐ Dedate TITLE NAME ħ STREET ADDRESS STREET ADDRESS 3 CITY-ST-ZIP CITY-81-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CETY- ST- ZIP CITY- ST- ZIP Change Addition Detate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-71P 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE SECURED

Date

Daytime Phone #

APPROVED