

2001 UNIFORM BUSINESS REPORT (UBR)

L9800000826

DOCUMENT # L9800000826

1. Entity Name

New Century Classroom Products, L.L.C.

9/29/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 21 PM 2:03

Principal Place of Business

9250 Sidney Hayes Rd.
Orlando, FL 32824

Mailing Address

9250 Sidney Hayes Rd.
Orlando, FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

(5)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Laurence Clifford Hames
390 North Orange Ave. Suite 2500
Orlando, Florida 32801

7. Name and Address of New Registered Agent

Name RICHARD PRUITT, MGR
Street Address (P.O. Box Number is Not Acceptable)
9250 SIDNEY HAYES ROAD
City ORLANDO FL Zip Code 32824

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

CUS

9. MANAGING MEMBERS / MEMBERS

TITLE NAME Richard Pruitt MGRM ☐ Delete
STREET ADDRESS 4848 Cedar Bay MGR
CITY-ST-ZIP Orlando, FL 32812

TITLE NAME Dennis Towell MGRM ☐ Delete
STREET ADDRESS 9250 Sidney Hayes Rd MGR
CITY-ST-ZIP Orlando, FL 32824

TITLE NAME 50.00 - CF ☐ Delete
STREET ADDRESS 170.00 - ADM
CITY-ST-ZIP 5.00 - CERT

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

REINSTATEMENT 2000-2001

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:

R. O. R.

PRINCIPAL - MGR

4/13/2001

407-816-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/100)