2000 UNIFORM BUSINESS REPORT (UBR)

000094 1 AF

DOCUMENT # L98000001287

1. Entity Name

SPRAKER, FITZGERALD & TAMAYO, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business	Mailing Address
601 S. LAKE DESTINY RD., #165 MAITLAND FL 32751-7482	C/O STEVEN C. LEE, ESQ.// DEAN, MEAD,ET AL P.O. BOX 2346 ORLANDO FL 32802-2346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite 165
City & State		City & State	Maitland FL
Zip	Country	Zip 32751	Country USA

4. FEI Number 59-3528844 ☐ 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
LEE, STEVEN C C/O DEAN, MEAD, EGERTON, ET AL 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO FL 32803	Name Fitzgerald, Charles E III Street Address (P.O. Box Number is Not Acceptable) 601 S. Lake Destiny Rd. Suite 165 City Maitland **FL** Zip Code 32751

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 Charles E. Fitzgerald, III Charles E Fitzgerald III 2-9-00
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	MGRM SPRAKER, SUSAN S 161 WHITE OAK CIRCLE MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FITZGERALD, CHARLES E III 8348 AMBER OAK DRIVE ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003148737--7 -02/28/00--01012--025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TAMAYO, RONALD 414 LONGSHADOWS COURT WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: Charles E Fitzgerald III REQUIRED 2-9-00 (407) 869-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #