

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001424

1. Entity Name
LO-CHLOR, L.C.

Principal Place of Business
5755 POWERLINE ROAD
FORT LAUDERDALE FL 33309

Mailing Address
5755 POWERLINE ROAD
FORT LAUDERDALE FL 33309-2001

APPROVED
AND
FILED

00 MAY -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0853031

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHISLING, GARY R
5755 POWERLINE ROAD
FORT LAUDERDALE FL 33309

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 MGRM
NAME SIMMONS, ANDREW L
STREET ADDRESS 140 VICTORIA ROAD, BELLEVUE HILL
CITY-ST-ZIP N.S.W. 2023, AUSTRALIA ☐ Delete

TITLE NAME
NAME Simons, Andrew L ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM
NAME KENT, WILLIAM A
STREET ADDRESS 5755 POWERLINE ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE NAME
NAME 300003259453--0
STREET ADDRESS -05/19/00--01085--001
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGR
NAME CHISLING, GARY R
STREET ADDRESS 5755 POWERLINE ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
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:

GARY CHISLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)