

2001 UNIFORM BUSINESS REPORT (UBR)

0006067 AF

DOCUMENT # L98000001503

1. Entity Name
IMMO VOLUSIA, L.C.

FILED

01 FEB -7 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8506 BAY HILL BOULEVARD
ORLANDO FL 32819

Mailing Address
8506 BAY HILL BOULEVARD
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530622

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

HARDING, ROBERT L
20 NORTH ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name ROBERT L. HARDING

Street Address (P.O. Box Number is Not Acceptable)
20 N. ORANGE DRIVE

City ORLANDO, FL Zip Code 32801

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 Robert L. Harding

ROBERT L. HARDING

2/5/01

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 MGR
STREET ADDRESS MESTDAGH, RENE
CITY-ST-ZIP 8506 BAY HILL BOULEVARD
ORLANDO FL 32819

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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: ~~SIGNATURE REQUIRED~~

RENE MESTDAGH
MANAGER 2/1/01 (407) 876-2139

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

Date

Daytime Phone #

CR2E083 (11/00)