

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001588

1. Entity Name
FLORIDA CHOICE INVESTORS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 16 PM 12:24

Principal Place of Business
1250 MT. HOMER ROAD, SUITE 4
EUSTIS FL 32726-6268

Mailing Address
1250 MT. HOMER ROAD, SUITE 4
EUSTIS FL 32726-6268

2. Principal Place of Business
18055 US Hwy 441
Suite, Apt. #, etc.

3. Mailing Address
18055 US Hwy 441
Suite, Apt. #, etc.

City & State
Mount Dora, Florida
Zip
32757
Country

City & State
Mount Dora, Florida
Zip
32757
Country

4. FEI Number 59-3526730
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROY, STEVEN M ESQ.
1000 W. MAIN STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 2/24/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME CARUTHERS, THOMAS M
STREET ADDRESS 10430 SUMMIT SQUARE DRIVE
CITY-ST-ZIP LEESBURG FL 34788

TITLE MGRM ☐ Delete
NAME BARTCH, DALE E
STREET ADDRESS 11266 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL 32778

TITLE MGRM ☐ Delete
NAME BAUMANN, JEFFREY D MD
STREET ADDRESS 1648 BRIDGEWATER DRIVE
CITY-ST-ZIP HEATHROW FL 32746

TITLE MGRM ☐ Delete
NAME DESAI, PARESH G MD
STREET ADDRESS 507 NW 9TH AVE.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE MGRM ☐ Delete
NAME HOFMEISTER, TOM J
STREET ADDRESS 9055 COUNTRY CLUB ROAD
CITY-ST-ZIP EUSTIS FL 34428

TITLE MGRM ☐ Delete
NAME LAROE, C. MICHAEL
STREET ADDRESS 33940 LEE AVENUE
CITY-ST-ZIP LEESBURG FL 34788

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Ken LaRoe
STREET ADDRESS 2001 Abrams Rd
CITY-ST-ZIP Eustis, FL 32726

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003148786--5
CITY-ST-ZIP -02/28/00--01016--012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Ken LaRoe

Date

1/14/00

Daytime Phone #

(352) 735-6161

CR2E083 (9/99)