

2001 UNIFORM BUSINESS REPORT (UBR)

0004890 AF

DOCUMENT # L98000001588

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

FILED

01 JAN 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

18055 US HWY 441
MOUNT DORA FL 32757

Mailing Address

18055 US HWY 441
MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526730

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

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

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 CARUTHERS, THOMAS M ☒ Delete
STREET ADDRESS 10430 SUMMIT SQUARE DRIVE
CITY-ST-ZIP LEESBURG FL 34788

TITLE NAME MGRM ☐ Change ☒ Addition
STREET ADDRESS 212 Vincent Dr
CITY-ST-ZIP Mt. Dora, FL 32757

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

TITLE NAME 300003656509-4 ☐ Change ☐ Addition
STREET ADDRESS -02/08/01--01010--009
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)