

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004890 AF

**DOCUMENT # L98000001588**

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

Principal Place of Business      Mailing Address  
**18055 US HWY 441**      **18055 US HWY 441**  
**MOUNT DORA FL 32757**      **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

**FILED**

01 JAN 29 PM 12:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGRM</b> <b>CARUTHERS, THOMAS M</b> <b>10430 SUMMIT SQUARE DRIVE</b> <b>LEESBURG FL 34788</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <del>Howe-Laroe Kenneth E</del> <b>212 Vincent Dr</b> <b>Mt. Dora, FL 32757</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BARTCH, DALE E</b> <b>11266 LANE PARK ROAD</b> <b>TAVARES FL 32778</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003656909-4</b> <b>-02/08/01--01010--009</b> <b>*****50.00      *****50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BAUMANN, JEFFREY D MD</b> <b>1648 BRIDGEWATER DRIVE</b> <b>HEATHROW FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DESAI, PARESH G MD</b> <b>507 NW 9TH AVE.</b> <b>CRYSTAL RIVER FL 34428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Handwritten signature</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HOFMEISTER, TOM J</b> <b>9055 COUNTRY CLUB ROAD</b> <b>EUSTIS FL 34428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LAROE, C. MICHAEL</b> <b>33940 LEE AVENUE</b> <b>LEESBURG FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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]*      **DATE:** \_\_\_\_\_      **DAYTIME PHONE #:** \_\_\_\_\_

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

CR2E083 (11/00)