

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001699

1. Entity Name  
R.B.O.I. TECHNICAL, L.L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:56

Principal Place of Business

1400 US HWY 441 NORTH  
SUITE 300  
THE VILLAGES FL 32159

Mailing Address

2020 SE 17TH STREET  
OCALA FL 34471-4118

2. Principal Place of Business

1540 CLEMENTE COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

THE VILLAGES, FL

City & State

4. FEI Number

65-0869994

Applied For

Not Applicable

Zip

Country

32159 USA

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

HEEKIN, JAMES F JR  
215 N. EOLA DRIVE  
ORLANDO FL 32801

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 MGR ☐ Delete  
NAME UPTON, TERRY  
STREET ADDRESS 1400 U.S. HIGHWAY 441 NORTH  
CITY- ST- ZIP LADY LAKE FL 32159

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

TITLE MGR ☐ Delete  
NAME HILL, MICHAEL P  
STREET ADDRESS 2020 SOUTHEAST 17TH STREET  
CITY- ST- ZIP OCALA FL 34471

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

TITLE ☐ Delete  
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CITY- ST- ZIP

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

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

Date

Daytime Phone #

CR2E083 (9/99)