

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024651 AF

DOCUMENT # L98000001699

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

FILED

01 JAN 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1540 CLEMENTE COURT  
THE VILLAGES FL 32159

Mailing Address  
2020 SE 17TH STREET  
OCALA FL 34471

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 65-0869994

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003574985-7  
CITY-ST-ZIP -01/25/01--01080--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Michael P Hill*  
SIGNATURE REQUIRED

1-12-01

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

Date

Daytime Phone #

CR2E083 (11/00)