

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 21 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001731

1. Entity Name  
CUMMING/MCGILLIVRAY, LLC

Principal Place of Business  
4405 VINELAND ROAD, SUITE C-11  
ORLANDO FL 32811

Mailing Address  
4405 VINELAND ROAD, SUITE C-11  
ORLANDO FL 32811-7363



2. Principal Place of Business  
4401 VINELAND RD.,

3. Mailing Address  
4401 VINELAND ROAD

Suite, Apt. #, etc.  
STE. A-16

City & State  
ORLANDO FL

Zip  
32811

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3526606

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGILLIVRAY, IAIN  
4405 VINELAND ROAD, SUITE C-11  
ORLANDO FL 32811

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 \_\_\_\_\_  
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                    | <input type="checkbox"/> Delete | TITLE                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              | 36 GREENSPRING, STE 100 |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                 | DOVE CANYON CA 92679    |                                 | CITY-ST-ZIP           |      |   |
| TITLE                       | MGR                     | <input type="checkbox"/> Delete | TITLE                 |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        | MCILLIVRAY, IAIN        |                                 | NAME                  |      |   |
| STREET ADDRESS              | 9217 PINE RIDGE TRAIL   |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                 | ORLANDO FL 32819        |                                 | CITY-ST-ZIP           |      |   |
| TITLE                       |                         | <input type="checkbox"/> Delete | TITLE                 |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                         |                                 | NAME                  |      |   |
| STREET ADDRESS              |                         |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                 |                         |                                 | CITY-ST-ZIP           |      |   |
| TITLE                       |                         | <input type="checkbox"/> Delete | TITLE                 |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                         |                                 | NAME                  |      |   |
| STREET ADDRESS              |                         |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                 |                         |                                 | CITY-ST-ZIP           |      |   |
| TITLE                       |                         | <input type="checkbox"/> Delete | TITLE                 |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                         |                                 | NAME                  |      |   |
| STREET ADDRESS              |                         |                                 | STREET ADDRESS        |      |   |
| CITY-ST-ZIP                 |                         |                                 | 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: James McMillivray 4/18/00 407-481-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)