

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001995

1. Entity Name

ST. CLOUD OFFICE PROPERTIES, L.C.

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9430 TURKEY LAKE ROAD, SUITE 212
ORLANDO FL 32819

Mailing Address

P.O. BOX 692049
ORLANDO FL 32869-2049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3549043

Applied For

Not Applicable

Zip

Country

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

FULFORD, WM. PATRICK ESQ.
WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.
145 NORTH MAGNOLIA AVENUE
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 MGRM STEELE, WILLIAM A DR. ☐ Delete
STREET ADDRESS 8738 LAKE TIBET COURT
CITY- ST- ZIP ORLANDO FL 32836

TITLE NAME ☐ Change
STREET ADDRESS 300003112413-1
CITY- ST- ZIP -01/27/00--01022--005
*****55.00 *****55.00

TITLE NAME MGRM STEELE, MICHELLE ☐ Delete
STREET ADDRESS 8738 LAKE TIBET COURT
CITY- ST- ZIP ORLANDO FL 32836

TITLE NAME ☐ Change
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change
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: William A. Steele SIGNATURE REQUIRED

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

1/12/00

Date

(407) 943-8711

Daytime Phone #