

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002716

1. Entity Name

FLORIDA SUN GARDENS, L.C.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 041 ****50.00

Principal Place of Business

4646 WEST IRO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746

Mailing Address

C/O 823 MC CALLS MILL RD.
LEXINGTON KY 40515

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

59-3559751

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

SLAMAN, ROBERT A
4646 WEST IRO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34746

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLTH, SVEND
AVENUE DES POULES D'EAU 11 B-1640 RHODE-ST
-GENESE, BELGIUM ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VANDERSLEYEU, MICHEL
RUE DE SUARLEE, 20, LA BRUYER RHISNES
BELGIUM ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROWN, WILLIAM D
823 MCCALLS MILL ROAD
LEXINGTON KY ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ 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:

WILLIAM D. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/15/02

954-263-3866

Date

Daytime Phone #

CR2E083 (9/01)