

2001 UNIFORM BUSINESS REPORT (UBR)

0023377 AF

DOCUMENT # L98000002837

1. Entity Name
W.O.R.Y. INVESTORS, L.L.C.

FILED

01 FEB -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10620 FIESTA STREET
CLERMONT FL 34711

Mailing Address
PO BOX 120717
CLERMONT FL 34712-0717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3563831

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

OSBURN, ROBERT O
10620 FIESTA STREET
CLERMONT FL 34711

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
STREET ADDRESS
CITY-ST-ZIP

MGR
WEST, T. MILTON
8925 WEST COLONIAL DRIVE
OCOE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000003662720-6
-02/09/01--01010--005
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

MGR
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CLERMONT FL 34711

☐ Delete

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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:

[Signature]

2-1-2001

352-429-3567

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

Date

Daytime Phone #

CR2E083 (11/00)