

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 2001 AF

DOCUMENT # L98000002974

1. Entity Name

RATCLIFFE ORCHIDS, LLC

Principal Place of Business

2501 SAND HILL ROAD
KISSIMMEE FL 34747

Mailing Address

2501 SAND HILL ROAD
KISSIMMEE FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JAN 11 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3560357

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

SIMON, GARY P

9100 SOUTH DADELAND BLVD., SUITE 504

MIAMI FL 33156-7815

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 MGR
NAME PHILLIPS, PAUL
STREET ADDRESS 2501 SAND HILL ROAD
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME 100003552851-1
STREET ADDRESS -01/18/01--01010--021
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME PHILLIPS, MARY
STREET ADDRESS 2501 SAND HILL ROAD
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED

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

Date

Daytime Phone #

01/09/07 (407) 396-7732

CR2E083 (11/00)