

# 2000 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # L98000003344

1. Entity Name  
HERNDON VILLAGE ASSOCIATES, L.L.C.

FILED

00 JAN 27 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
231 WEST PARK AVENUE  
WINTER PARK FL 32789

Mailing Address  
231 WEST PARK AVENUE  
WINTER PARK FL 32789-4343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551347  
APPLIED FOR

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

BUILDER, J. LINDSAY JR.  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK FL 32789

Name

Michael A. Collard

Street Address (P.O. Box Number is Not Acceptable)

231 WEST PARK AVENUE

City

Winter Park,

FL

Zip Code

32789

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/2000

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

MGRM  
COLLARD, MICHAEL A  
1310 SOUTH PENNSYLVANIA AVE.  
WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Michael A. Collard  
231 WEST PARK AVENUE  
Winter Park, FL 32789

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

300003118833--4  
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☐ Change ☐ Addition

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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 REQUIRED

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

Date

Daytime Phone #

1/24/2000 407/599-4444

CR2E083 (9/99)