2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUSI	NESS REPO	ORT (UBR)		
DOCU	MENT # L9800	0003511		FILED	
I. Entity Name NCD PICKWICK, L.L.C.				00 APR 18 PM 4: 23	
100			•	SECRETARY OF STATE	
Principal Plac	e of Business	Mailing Address		FALLAHASSEE FLORIDA	
3348 EDGEWA	*	3348 EDGEWATER DRIVE	, F		
ORLANDO FL		ORLANDO FL 32804-374			
2. Principal F	lace of Business	3. Mailing Address			Ħ
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State City & State				4. FEI Number Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	$\overline{}$
	*		Name		
DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE ORLANDO FL 32804			Street Addre	ess (P.O. Box Number is Not Acceptable)	\neg
				:	
OHEMIDO	7 L 02007		City	FL Zip Code	\dashv
	v :		1	1	
The above	named antih coulomita this statement for	the purpose of changing it	te registered office or rec	histored agent, or both, in the State of Florida	\dashv
3. The above	named entity submits this statement for	r the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida.	
	named entity submits this statement for Signature, typed or printed name of registered agent a		IS registered office or reg		
		and title if applicable. (NO		equired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agent a MANAGING MEMBE	rind title if applicable. (NO FILE N Make Check Piers)	OTE: Registered Agent signature re	equired when remstating) .00 nt of State ADDITIONS/CHANGES	
SIGNATURE	Signature, typed or printed name of registered agent a MANAGING MEMBE	rid title if applicable. (NO FILE N	IOW!!! FEE IS \$50. ayable to Department	DATE .00 nt of State ADDITIONS/CHANGES Change Add	- 1
SIGNATURE	Signature, typed or printed name of registered agent a MANAGING MEMBE MGRM DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE	rind title if applicable. (NO FILE N Make Check Piers)	IOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME 8TREET ADDRESS	ADDITIONS/CHANGES 40003239024	1
9. IITLE VAME STREET ADDRESS IITY-ST-ZIP	Signature, typed or printed name of registered agent a MANAGING MEMBE MGRM DEMETREE, WILLIAM C	FILE N Make Check P ERS/MEMBERS Detects	IOW!!! FEE IS \$50. layable to Department 10. THILE HAME STREET ADDRESS CITY-81-21P	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Add 40003239024: -05/04/0001013022 ******50.00 *******50.00	3
SIGNATURE . 3. ITLE IAME . INTERFY ADDRESS . INTY-ST-ZIP	Signature, typed or printed name of registered agent a MANAGING MEMBE MGRM DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE	rind title if applicable. (NO FILE N Make Check Piers)	IOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME 8TREET ADDRESS	ADDITIONS/CHANGES Change Add 400032350243 -05/04/0001013022	3
SIGNATURE J. J. J. J. J. J. J. J. J. J	Signature, typed or printed name of registered agent a MANAGING MEMBE MGRM DEMETREE, WILLIAM C 3348 EDGEWATER DRIVE	FILE N Make Check P ERS/MEMBERS Detects	IOW!!! FEE IS \$50. Layable to Department 10. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Add 40003239024: -05/04/0001013022 ******50.00 *******50.00	3
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