

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000108

1. Entity Name

GAWRON BUSINESS CONSULTANTS, L.L.C.

FILED

00 JAN 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5265 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE FL 34786

Mailing Address

5265 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE FL 34786-8964



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

59-3556573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAWRON, SUANE A

5265 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE FL 34786

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 MGR
STREET ADDRESS GAWRON, DUANE A
CITY- ST- ZIP 5265 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE FL 34786 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003112332--4
CITY- ST- ZIP -01/27/00--01015--024
*****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Duane A. Gawron

Date

1/17/00

Daytime Phone #

407-876-7606