## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)					APPROVED			
DOCU	MENT #, L9900		A!!O FILED					
1. Entity Name RJSS ORLANDO, L.L.C.			J Sk		00 MAY 22 AM 9: 34			
<del>_</del>					SECRETARY OF	STATE		
Principal Place of Business  3850 S. BANANA RIVER BLVD.  COCOA BEACH FL 32931  Mailing Address  3850 S. BANANA RIVER BLVD.  COCOA BEACH FL 32931-346					ÄLLAHASSEE, FI		11() <b>21</b> () 111(	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN 1	HIS SPACE		
City & State City & State			·	4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$5.00 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registe	red Agent		
	/ FDWADD I	Name	Name					
MORIARTY, EDWARD L 3850 S. BANANA RIVER BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
COCOA BEACH FL 32931			·					
•			City	City FL Zip Code				
		FILE NOV	W!!! FEE IS \$50 able to Departme	1	,			
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CHAN	IGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORIARTY, EDWARD E 3850 S. BANANA RIVER BLVD. COCOA BEACH FL 32931	. □ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE	MGR DIMENNA, RONALD E	☐ Delete	TITLE	ď	+00 <u>0032</u>	8 3 <b>3444</b> J01003	Taxiida UU7	
STREET ADDRESS CITY-ST-ZIP	3850 S. BANANA RIVER BLVD. COCOA BEACH FL 32931		STREET ADDRESS CITY-ST-ZIP		*****50	. [][] *****	*50.00	
TITLE	ورمن الداروم الراحي سيوج من ويعلن	□ Deletta ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	thomps op legge en .	y and que depresable de la constant	Change -	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dekate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST, ZIP-CH	The state of the s	□ Delete	TITLE NAME STREET ADDRESS GITY'ST-ZIP	7	and the second second	☐ Change	Addition	
TITLE		□ Delete	TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	STATE OF THE STATE		Change	Admition	
11 Lhereby	certify that the information supplied with	this filing does not qualify for the		in Section 119 07(3)	(i) Florida Statutes I furthe	er certify that the in	formation	
indicated	certify that the information supplied will on this report is true and accurate and ability company or the receiver or trusted	that my signature shall have the	e same legal effect a	as if made under oath	i; that I am a managing m	ember or manage	r of the	

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

April 25, 2000 bate Daytime Phone #