

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000171

1. Entity Name

Stillwater Properties of Central Florida, L.L.C.  
1320 Old Mims Road  
Geneva, Florida 32732

Principal Place of Business

1320 Old Mims Road  
Geneva, Florida 32732

Mailing Address

1320 Old Mims Road  
Geneva, Florida 32732

2. Principal Place of Business

1320 Old Mims Road  
Suite, Apt. #, etc.

3. Mailing Address

1320 Old Mims Road  
Suite, Apt. #, etc.

City & State  
Geneva, Florida

City & State  
Geneva, Florida

Zip

32732

Country

U.S.A.

Zip

32732

Country

U.S.A.

FILED

01 AUG 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Ivan M. Lefkowitz  
430 North Mills Avenue  
Orlando, Florida 32803

7. Name and Address of New Registered Agent

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

600004560096--6

-08/28/01--01064--013

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Michael J. Sergi  
1320 Old Mims Road  
Geneva, FL 32732 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Loanne Y. Sergi  
1320 Old Mims Road  
Geneva, Florida 32732 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
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CITY-ST-ZIP  
  
  
  
  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

*Loanne Y. Sergi*

8/14/01

407-349-5972

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

Date

Daytime Phone #

CR2E083 (11/00)