

2001 UNIFORM BUSINESS REPORT (UBR)

0025178 AF

DOCUMENT # L99000000409

1. Entity Name
CHICKASAW TRAIL ESTATES, L.L.C.

FILED

01 APR 19 PM 12:03

SECRETARY OF
TALLAHASSEE, FLORIDA

Principal Place of Business
1988 SOUTH CHICKASAW TRAIL
ORLANDO FL 32825

Mailing Address
1988 SOUTH CHICKASAW TRAIL
ORLANDO FL 32825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553022

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

HURT, EDWARD H JR.
1106 E. RIDGEWOOD STREET
ORLANDO FL 32803-5728

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 MGR
NAME HURT, EDWARD H JR.
STREET ADDRESS 1106 E. RIDGEWOOD STREET
CITY-ST-ZIP ORLANDO FL 32803-5728 ☐ Delete

TITLE
NAME 900004084084-015
STREET ADDRESS -04/27/01--01023--015
CITY-ST-ZIP *****50.00 *****50.00 ☐ Add ☐ Change

TITLE MGR
NAME DOHERTY, FRANK J
STREET ADDRESS 1830 BILLINGSHURST COURT
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

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

TITLE MGR
NAME KIRTON, E. BRIDGER
STREET ADDRESS 1988 SOUTH CHICKASAW TRAIL
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

3/22/01

Date

407-423-7000

Daytime Phone #

CR2E083 (11/00)