

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000541

1. Entity Name

NEW YORK AVENUE PROPERTY, L.L.C.

FILED

00 JAN 18 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1205 FOX DEN ROAD
APOPKA FL 32712

Mailing Address

1205 FOX DEN ROAD
APOPKA FL 32712-3009

2. Principal Place of Business

2404 N. RIO GRANDE AVE

3. Mailing Address

2404 N. RIO GRANDE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3568966

Applied For

Not Applied For

Zip

32804

Country

US

Zip

32804

Country

US

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLS, RUSSELL L SR
1205 FOX DEN ROAD
APOPKA FL 32712

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
MILLS, RUSSELL L SR
STREET ADDRESS 1205 FOX DEN ROAD
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
700003112407-09
-01/27/00--01022--002
*****55.00 *****55.00 ☐ Change ☐

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

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

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CITY-ST-ZIP ☐ Change ☐

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

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

Date

Daytime Phone #

Russell L. Mills

1/14/00

407-426-235