# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000576

1. Entity Name

CREATE YOUR OWN PROFIT LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 5:00

| Principal Place of Business | Mailing Address |
|---|---|
| 5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | 5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822-4412 |

DO NOT WRITE IN THIS SPACE

| 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 59-3555100 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WEST, BRADFORD D<br>215 NORTH EOLA DRIVE<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DYER, THOMAS B III<br>5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400003187[illegible] ☐ Change ☐ Addition<br>-03/28/00--01081--023<br>*****50.00 *****50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>LYNCH, PHILIP G II<br>5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BAKER, KARI D<br>5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HUNTINGTON, CHRIS<br>5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HUNTINGTON, CHRIS<br>9 HARRIS PLACE, SUITE A<br>SALINAS, CA 93901<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PASQUINELLI, GARY<br>5850 T.G. LEE BOULEVARD, SUITE 460<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PASQUINELLI, GARY<br>350 W. 16TH STREET<br>YUMA, AZ 85364<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ALI<br>☐ Change ☐ Addition |

CR2E083 (9/99)

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: Kari Baker KARI D. BAKER 1/31/00 407 857-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #