

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001013 AF

DOCUMENT # L99000000613

1. Entity Name  
MAITLAND PROPERTY GROUP, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:14

Principal Place of Business

604 COURTLAND STREET, SUITE 101  
ORLANDO FL 32804

Mailing Address

604 COURTLAND STREET, SUITE 101  
ORLANDO FL 32804-1318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-35060625

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

RUDD, ROBERT P

604 COURTLAND STREET, SUITE 101  
ORLANDO FL 32804

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

BLT

9.

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGRM  
NAME ROUSE, MICHAEL D  
STREET ADDRESS 604 COURTLAND STREET, SUITE 101  
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGRM  
NAME COX, PAMELA J  
STREET ADDRESS 604 COURTLAND STREET, SUITE 101  
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

200003148462  
-02/25/00--01104--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM  
NAME ROUSE, RACHELLE L  
STREET ADDRESS 604 COURTLAND STREET, SUITE 101  
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGRM  
NAME RUDD, ROBERT P  
STREET ADDRESS 604 COURTLAND STREET, SUITE 101  
CITY-ST-ZIP ORLANDO FL 32804

☐ 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

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 OR MANAGER

Date

Daytime Phone #

SIGNATURE: MICHAEL ROUSE 2/11/00 407-644-5275

CR2E083 (9/99)