

2001 UNIFORM BUSINESS REPORT (UBR)

0006654 AF

DOCUMENT # L99000000613

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

FILED

01 JAN 29 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
604 COURTLAND STREET, SUITE 101
ORLANDO FL 32804

Mailing Address
604 COURTLAND STREET, SUITE 101
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3506062

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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)

240 Lockout Place

City

Maitland

FL

Zip Code

32751

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

1/25/01

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
MGRM
ROUSE, MICHAEL D
604 COURTLAND STREET, SUITE 101
ORLANDO FL 32804 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003624 ☐ Change ☐ Addition
-02/02/01--01036--017
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDD, ROBERT P
604 COURTLAND STREET, SUITE 101
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/01 407-644-5228

CR2E083 (11/00)