

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000719

1. Entity Name

BPL MAITLAND CONCOURSE PHASE I, LLC

APPROVED
AND
FILED

00 JUN -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 LINCOLN AVENUE
WINTER PARK FL 32789

Mailing Address

P.O. BOX 3010
WINTER PARK FL 32790-3010

2. Principal Place of Business
250 Park Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 630

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

4. FEI Number

75-2803079

Applied For

Not Applicable

Zip
32789

Country
Orange

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

BATTAGLIA, W.P.
100 LINCOLN AVENUE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)
250 Park Ave.

Suite 630

City
Winter Park,

FL

Zip Code
32789

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)

4/28/2000

DATE

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
BATTAGLIA, W.P.
P.O. BOX 3010
WINTER PARK FL 32790-3010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
0000003297380--2
-06/20/00--01081-029
*****50.00 *****50.00

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

4/28/2000

407-622-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)