

# 2000 UNIFORM BUSINESS REPORT (UBR)

000067 AF

DOCUMENT # L99000001244

1. Entity Name  
LAMBRY PROPERTIES, L.L.C.

THU  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2: 05

Principal Place of Business

3222 CORRINE DRIVE  
ORLANDO FL 32803

Mailing Address

3222 CORRINE DRIVE  
ORLANDO FL 32803-2230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3559592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMM, DAVID R  
3222 CORRINE DRIVE  
ORLANDO FL 32803

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	MGR	<input type="checkbox"/> Delete
NAME	LAMM, DAVID R	
STREET ADDRESS	3222 CORRINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BRYANT, BERNARD L	
STREET ADDRESS	1204 STUBBS AVENUE, SUITE A	
CITY-ST-ZIP	MONROE LA 71201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4000003131384--0  
-02/10/00--01085--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

2/4/00 (407) 895-2525  
Date Daytime Phone #

CR2E083 (9/99)