

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001374

1. Entity Name

FLORIDA FUN (UK), L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12: 00

Principal Place of Business
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW
OC

Mailing Address
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applied

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

FORSTER, GARY A
280 WEST CANTON AVE., SUITE 410
WINTER PARK FL 32790

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
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BETTS, DAVID C
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BETTS, DORIANE C
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LACEY-FREEMAN, KATHLEEN J
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LACEY-FREEMAN, TERENCE A
49 RECTORY AVENUE
ROCHFORD, ESSEX SS4 3AW

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003123531-3
-02/04/00--01007--018
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

1/24/00 011044-1702-54700

Date Daytime Phone #