

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001415

1. Entity Name

ORLANDO 101 DEVELOPMENT ENTERPRISES, L.C.

Principal Place of Business
32 E. Ocean Blvd
Stuart, Florida 34994

Mailing Address
32 E. Ocean Blvd.
Stuart, Florida 34994

2. Principal Place of Business
P. O. Box 2023
Suite, Apt. #, etc.

3. Mailing Address
200 E. Robinson Street
Suite, Apt. #, etc.

City & State
Winter Park, Florida

City & State
Orlando, Florida

Zip
32789

Country
USA

Zip
32801

Country
USA

4. FEI Number
59-3654501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Porch, C. Edward
1273 NW Spruce Ridge Drive
Stuart, Florida 34994

7. Name and Address of New Registered Agent

Name
Florida Corporate Support, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 E. Robinson Street, Suite 500
City
Orlando FL Zip Code
32801

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 *By: M. Steven Blum, As Pres. Sec.*

DATE 6/27/00

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 MGRM ☐ Delete
NAME Munene, Joseph Munyiri
STREET ADDRESS P. O. Box 2023
CITY-ST-ZIP Winter Park, Florida 32789

TITLE MGRM ☐ Delete
NAME Webb, Robin Leslie
STREET ADDRESS P. O. Box 2023
CITY-ST-ZIP Winter Park, Florida 32789

TITLE MGRM ☒ Delete
NAME Prestwich, L.D.C.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003327242--6
-07/19/00--01018--025
*****50.00 *****50.00

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

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

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

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

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 #

7/1/2000 407-975-3475

CR2E083 (11/99)