

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005238 AF

DOCUMENT # L99000001415

1. Entity Name
ORLANDO 101 DEVELOPMENT ENTERPRISES, L.C.

01 APR 20 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ROBIN LESLIE WEBB
P.O. BOX 2023
WINTER PARK FL 32792-2023

Mailing Address
C/O ROBIN LESLIE WEBB
P.O. BOX 2023
WINTER PARK FL 32792-2023



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3654501

Applied For

Not Applicable

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

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801

Name R. L. WEBB
Street Address (P.O. Box Number is Not Acceptable)
201 N. NEW YORK AVE
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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
MUNENE, JOSEPH MUNYIRI
STREET ADDRESS BOX 50101
CITY-ST-ZIP NAIROBI, KENYA ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 8000040850946 ☐ Change ☐ Addition
-04/27/01--01053--029
*****50.00 *****50.00

TITLE NAME MGR
WEBB, ROBIN LESLIE
STREET ADDRESS P.O. BOX 2023
CITY-ST-ZIP WINTER PARK FL 32792-2023 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME MEMBER
ANTONIO J. VASTRELLA
STREET ADDRESS 11555 SW 82ND AVE
CITY-ST-ZIP MIAMI, FL 33156 ☐ 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

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 #

CR2E083 (11/00)