

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001427

1. Entity Name  
CITY SHUTTLE, L.L.C.



Principal Place of Business  
2100 COUNTRY CLUB ROAD  
SANFORD, FL 32771

Mailing Address  
2100 COUNTRY CLUB ROAD  
SANFORD, FL 32771

**FILED**

03 APR 30 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3564486

Applied For  
Not Applicable

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

GRAY, N. DWAYNE JR. ESQ  
GREENSPOON, MARDER, ET AL  
135 WEST CENTRAL BLVD., SUITE 1100  
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003

800017624028  
04/30/03--01122--023 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME GILARDI, MICHAEL M ☒ Delete  
STREET ADDRESS 2100 COUNTRY CLUB ROAD  
CITY-ST-ZIP SANFORD, FL 32771

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ~~04/30/03 01122 023 \*\*50.00~~  
CITY-ST-ZIP

TITLE MGR  
NAME GRAY, N. DWAYNE JR ☐ Delete  
STREET ADDRESS 135 W. CENTRAL BLVD., STE. 1100  
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME John Schlater ☐ Change ☒ Addition  
STREET ADDRESS 615 Copeland Mill Rd.  
CITY-ST-ZIP Westerville, OH 43081

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 606, Florida Statutes.

SIGNATURE:

*N. Dwayne Gray, Jr.*

N. Dwayne Gray, Jr. MGR 4/23/03 407-425-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)