## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900001461							FIL		
WINDSON	NG REALTY, L.L.C.					01 M	AY -7	PM 3: 1	1
Principal Place of Business Mai		Mailing Address	ailing Address		:.	SECF TALLA	RETARY HASSEE	OF STATI	E . DA
		1890 EAGLE HARBOR PAR ORANGE PARK FL 32073	880 EAGLE HARBOR PARKWAY PRANGE PARK FL 32073						
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address		· ·	######################################		4 <b>.</b>	01101 1131 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WE	IITE IN THIS	SPACE	
City & State Ci		City & State	ity & State		4. FEI Nu	mber <b>59-356754</b>	7		plied For t Applicable
Zìp	Country	Zip	Country		5. Certific	ate of Status Desired		\$5.00 Add	
	6. Name and Address of Current Re	egistered Agent			7. Name	and Address of New	Registered	Agent	
E 0 1 CO	DD.			me		<del></del>	 		
F & L CORP. 200 Laura Street			Street Address (		P.O. Box Nui	mber is Not Acceptab	le)		
	MLLE FL 32202						,		
		·	Cit	у			FL	Zíp Code	е
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered offi	ice or register	ed agent, or	both, in the State of F	lorida.		
, SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent	signature required	when reinstating	<del>\</del>	DATE		
					and tomataling	<del>▞▐▗▊</del> ▊▊	<del>341</del>	<del>712</del> 10470	<del></del>
-		l l	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department o					******5	
9.	MANAGING MEMBER	I S/MEMBERS	10.		1	ADDITIONS	: S/CHANGES	3	
TITLE '	MGR	☐ Delete	TITLE	Me	R	Denive	1	Change	Addition
NAME STREET ADDRESS	FENCHUK, GARY W 14700 VILLAGE SQURE PLACE		NAME STREET ADDI	BESS LEO	man	Benjie Be Harbor	Park	vay	,
CITY-ST-ZIP	MIDLOTHIAN VA 23112		CITY-ST-ZIF	00	inge	Park FL	320	7 <u>3</u>	
TITLE	MGR	☐ Delete	TITLE	00/6	,	C	į	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	KEEWIN REAL PROPERTY COMPA 1031 WEST MORSE BLVD., STE. 3		NAME STREET ADDI CITY-ST-ZIF	RESS POWE	eel vi	Franny ilage Squ	are P	loce	
TITLE	WINTER PARK FL 32789 MGRM	☐ Delete	TITLE	1000	DC(DT	Man, Vp	· /3/	Change	Addition
NAME	ARROWSMITH, ROGER S		NAME						
STREET ADDRESS CITY-ST-ZIP	1800 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073		STREET ADDI				1		
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	PEARSON, KATHRYN H		NAME						
STREET ADDRESS CITY-ST-ZIP	14700 VILLAGE SQUARE PLACE MIDLOTHAIN VA 23112		STREET ADDI	· I			1		
TITLE	MGR	☐ Delete	TITLE				İ	☐ Change	Addition
NAME STREET ADDRESS	ROLAS, RON		NAME STREET ADDR	DEGC			1		
CITY-ST-ZIP	1800 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073		CITY-ST-ZIP				1.		
TITLE	MGR	☐ Delete	TITLE	Me		<b>.</b>	· .	Change	Addition
NAME Street address	DUBIS, BEN		NAME STREET ADDI	RESS IRN	2 5 0 6 F	severly Harbor	Park	war	
CITY ST-ZIP	1800 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073		CITY-ST-ZIP		me	Park Pl	. 3w		
·indicated	ertify that the information supplied with the on this report is true and accurate and the	at my signature shall have th	ne same lega	n stated in Se I effect as if m	ction 119.07	oath; that I am a mana	. I further ce aging memb	rtify that the ir er or manage	nformation or of the
<ul> <li>imited lia</li> </ul>	bility company or the receiver or trustee e	mpowered to execute this re	eport as requ	ired by Chapt	er 608, Flori	oa Statutes.	1		

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #