

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001508

1. Entity Name

TFT RETAIL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:19

Principal Place of Business

250 INTERNATIONAL PARKWAY, SUITE 226
HEATHROW FL 32746

Mailing Address

250 INTERNATIONAL PARKWAY, SUITE 226
HEATHROW FL 32746-5006

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

59-3566726

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.
GREENSPOON, MARDER, HIRSHFELD RAFKIN
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.

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 MGR ☐ Delete
NAME WHITE, ROBERT
STREET ADDRESS 325 LESLIE LANE
CITY- ST- ZIP LAKE MARY FL 32746

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 220 SOUTHERN MAGNOLIA LANE
CITY- ST- ZIP SANFORD, FL 32771

TITLE MGR ☐ Delete
NAME GRAY, N. DWAYNE JR.
STREET ADDRESS 1661 CHEYENNE TRAIL
CITY- ST- ZIP MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
500003298035-014
-06/20/00--01034-014
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Change ☒ Addition
NAME FRIDFERTIG, OFER
STREET ADDRESS 1137 BRANTLEY ESTATES DRIVE
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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 REQUIRED Robert White

4/18/00

407-804-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #