

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001789

1. Entity Name

MCNICOL INVESTMENTS, L.L.C.

Principal Place of Business

1301 TIERRA CIRCLE
WINTER PARK FL 32792

Mailing Address

1301 TIERRA CIRCLE
WINTER PARK FL 32792-2204

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

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

LEFKOWITZ, IVAN M ESQ.
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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

NAME

STREET ADDRESS

CITY- ST- ZIP

MGR
BROWN, GEORGE M
1301 TIERRA CIRCLE
WINTER PARK FL 32792

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition
400003224094--3
-04/26/00--01009--007
*****50.00 *****50.00

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

MGR
BROWN, JUANITA M
1301 TIERRA CIRCLE
WINTER PARK FL 32792

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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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 #

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)