

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001789

1. Entity Name

MCNICOL INVESTMENTS, L.L.C.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90133 009 \*\*\*\*50.00

954541



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1301 TIERRA CIRCLE  
WINTER PARK FL 32792

Mailing Address

1301 TIERRA CIRCLE  
WINTER PARK FL 32792

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

59-3563539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| TITLE | NAME             | STREET ADDRESS     | CITY-ST-ZIP          | <input type="checkbox"/> Delete |
|-------|------------------|--------------------|----------------------|---------------------------------|
| MGR   | BROWN, GEORGE M  | 1301 TIERRA CIRCLE | WINTER PARK FL 32792 | <input type="checkbox"/>        |
| MGR   | BROWN, JUANITA M | 1301 TIERRA CIRCLE | WINTER PARK FL 32792 | <input type="checkbox"/>        |
|       |                  |                    |                      | <input type="checkbox"/>        |
|       |                  |                    |                      | <input type="checkbox"/>        |
|       |                  |                    |                      | <input type="checkbox"/>        |
|       |                  |                    |                      | <input type="checkbox"/>        |
|       |                  |                    |                      | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

CR2E083 (9/01)

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

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

Date

Daytime Phone #

4/22/02 407-657-8996