

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001891

1. Entity Name

GOODYEAR OPEN AIR, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 12:47

Principal Place of Business

111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801

Mailing Address

111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801-2361

2. Principal Place of Business

3. Mailing Address

P.O. Box 1369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Windermere FL

Zip

Country

Zip

Country

34786 ORANGE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAMS, MAURICE

111 N. ORANGE AVENUE, SUITE 1200
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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SHAMS, MAURICE
STREET ADDRESS 111 N. ORANGE AVENUE, SUITE 1200
CITY-ST-ZIP ORLANDO FL 32801

☐ Change ☐ Addition
8000003148078--5
-02/25/00--01037--015
*****55.00 *****55.00

TITLE MGR ☐ Delete
NAME FRANK A BUONAURO
STREET ADDRESS 24 PINE STREET
CITY-ST-ZIP Windermere FL 34786

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #