

2001 UNIFORM BUSINESS REPORT (UBR)

0023304 AF

DOCUMENT # L99000001996

1. Entity Name

MIRAMAR DEVELOPMENT, L.C.

FILED

01 APR 19 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

102 PARK PLACE BLVD., BLDG. D. SUITE 2
KISSIMMEE FL 34741

Mailing Address

P.O. BOX 1192
WINDERMERE FL 34786

2. Principal Place of Business

4901 VINELAND ROAD

3. Mailing Address

P.O. Box # 1192

Suite, Apt. #, etc.

Suite 270

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

WINDERMERE, Florida

Zip

32811

Country

Zip

34786

Country

4. FEI Number

59-3568740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POHL & SHORT, P.A.
280 WEST CANTON AVENUE, SUITE 410
WINTER PARK FL 32789

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM VALLEY HIGH, V.A.A. ☒ Delete
STREET ADDRESS 2815 RUNYON CIR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE NAME MGRM SESA INVESTMENTS, L.C. ☐ Delete
STREET ADDRESS 5932 BLAKEFORD DRIVE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition
NAME 600004084646-5
STREET ADDRESS -04/27/01--01043--018
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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~~

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

4/12/01

(407) 947-5577

Date

Daytime Phone #

CR2E063 (11/00)