

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000002175

1. Entity Name

EMBASSY INVESTMENT, III, LLC

00 APR 23 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1111 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

1111 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-3124



2. Principal Place of Business

3401 S. Orlando Ave. Suite 200

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Daytona Beach FL

Zip

32771

Country

US

Zip

32118

Country

U.S.

4. FEI Number

59-3575841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMN

6. Name and Address of Current Registered Agent

BORNS, LAWRENCE W ESQ.
412 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
BHOOLA, MOHAN J
281 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
444 Seabreeze Blvd Suite 200
Daytona Beach, FL 32118

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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500003245565-6
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☐ Change ☐ Addition

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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 #

April 20, 2000

CR2E083 (9/99)