

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002237

1. Entity Name

MILLENNIUM ONE INVESTMENT GROUP, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:20

Principal Place of Business

5649 KALMIA DRIVE  
ORLANDO FL 32807

Mailing Address

5649 KALMIA DRIVE  
ORLANDO FL 32807-1751

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEVERING, CHARLES D  
5649 KALMIA DRIVE  
ORLANDO FL 32807

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS LEVERING, CHARLES D  
CITY- ST- ZIP 5649 KALMIA DRIVE  
ORLANDO FL 32807

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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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:

*Robin I. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Robin I. Davis*

Date

Daytime Phone #

*1/28/2000 407657977*