

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002546

1. Entity Name

ALTAMONTE CAPITAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

380 SOUTH STATE ROAD 434, SUITE 1004-290
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 SOUTH STATE ROAD 434, SUITE 1004-290
ALTAMONTE SPRINGS FL 32714-3810

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 59-3644371

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

STORY, BOBBY E
164 GOLF CLUB DRIVE
LONGWOOD FL 32779

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 MGRM ☐ Delete
NAME STORY, BOBBY E
STREET ADDRESS 164 GOLF CLUB DRIVE
CITY-ST- ZIP LONGWOOD FL 32779

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-25-00

(407) 339-8008

CR2E08: (9/99)