

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002559**

1. Entity Name

BDJ INSURANCE, LC

FILED

00 JAN 28 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

920 ORANGE AVENUE
WINTER PARK FL 32789

Mailing Address

920 ORANGE AVENUE
WINTER PARK FL 32789-4707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 356 2587

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACLEISH, ROBERT
920 ORANGE AVENUE
WINTER PARK FL 32789**

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **MYLES PROPERTIES, L.C.**
CITY-ST-ZIP **1500 LEE ROAD, SUITE 200
ORLANDO FL 32810**

TITLE ☐ Change ☐ Add
NAME **000003121100--E**
STREET ADDRESS **-02/02/00--01082--003**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **VRATANINA, JEFFREY J**
CITY-ST-ZIP **1500 LEE ROAD, SUITE 200
ORLANDO FL 32810**

TITLE ☐ Change ☐ Add
NAME

TITLE ☒ Delete
NAME **MGRM**
STREET ADDRESS **VRATANINA, LISA M**
CITY-ST-ZIP **1500 LEE ROAD, SUITE 200
ORLANDO FL 32810**

TITLE ☐ Change ☐ Add
NAME

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MACLEISH CORPORATION**
CITY-ST-ZIP **920 ORANGE AVENUE
WINTER PARK FL 32789**

TITLE ☐ Change ☐ Add
NAME

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **VRATANINA, LISA M TRUSTEE**
CITY-ST-ZIP **1500 LEE ROAD, SUITE 200
ORLANDO FL 32810**

TITLE ☐ Change ☐ Add
NAME

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **VRATANINA, JEFFREY J TRUSTEE**
CITY-ST-ZIP **1500 LEE ROAD, SUITE 200
ORLANDO FL 32810**

TITLE ☐ Change ☐ Add
NAME

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 #

1/13/2000 **487**
647-8000