

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001512 AF

**DOCUMENT # L99000002609**  
 1. Entity Name  
**MID-FLORIDA TRANSPORTATION, L.L.C.**

**FILED**

**00 JAN 27 PM 1:02**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**9012 HERRING STREET P.O. BOX 572**  
**CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-0572**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-3573203 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  
**LEE, PATRICK** Name  
**9012 HERRING STREET** Street Address (P.O. Box Number is Not Acceptable)  
**CAPE CANAVERAL FL 32920** 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 STREET ADDRESS CITY-ST-ZIP	MGR LEE, PATRICK 9012 HERRING STREET CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003119546-8 -02/01/00--01130--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **1/19/00** **321-784-1551**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Patrick T. Lee Date Daytime Phone #

CR2E083 (9/99)