

2001 UNIFORM BUSINESS REPORT (UBR)

0005931 AF

DOCUMENT # L99000002716

1. Entity Name
HARBOUR LIGHTS RESORT ORLANDO, LLC

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5460 HOFFNER AVENUE, SUITE 408
ORLANDO FL 32812

Mailing Address
5460 HOFFNER AVENUE, SUITE 408
ORLANDO FL 32812



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580263

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

GRAHAM, JESSE E JR.
GRAHAM, CLARK, JONES, BUILDER, PRATT
369 NORTH NEW YORK AVENUE, THIRD FLOOR
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 NAME MGR BATURA, PHILIP ☐ Delete
STREET ADDRESS 5460 HOFFNER AVENUE, SUITE 408
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE NAME MGR CLARK, COY A ☐ Delete
STREET ADDRESS 575 SOUTH WICKHAM ROAD, SUITE E
CITY-ST-ZIP MELBOURNE FL 32904

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003854138--1
CITY-ST-ZIP -03/15/01--01061--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

PHILIP BATURA

2-19-01

407-267-1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)