

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/6



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002727

1. Entity Name

AZALEA APARTMENTS OF LAKE COUNTY, L.L.C.

Principal Place of Business

P.O. BOX 730
PAISLEY FL 32767

Mailing Address

P.O. BOX 730
PAISLEY FL 32767-0730

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

59-3579514

Applied For

Not Applicable

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

ROBINSON, DONALD L
42554 MAGGIE JONES ROAD
PAISLEY FL 32767

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 ROBINSON, DONALD L
CITY-ST-ZIP P.O. BOX 730
PAISLEY FL 32767

☐ Change ☐ Addition
NAME 600003207566--9
STREET ADDRESS -04/13/00--01085--009
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ROBINSON, HILDA R
CITY-ST-ZIP P.O. BOX 730
PAISLEY FL 32767

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/14/00

Date

352-669-2757

Daytime Phone #

CR2E083 (9/99)