

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002728

1. Entity Name

ORANGE COURT RENTALS, L.L.C.

FILED

00 MAR 27 PM 3:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

59-3579279

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003205049-5
-04/12/00--01003--005
*****55.00 *****55.00
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

3/14/00
Date

312-669-2757
Daytime Phone #

CR2E083 (9/99)