

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002782

1. Entity Name

611 PARK AVENUE, L.L.C.

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

357 N. SPAULDING COVE
HEATHROW FL 32746

Mailing Address

357 N. SPAULDING COVE
HEATHROW FL 32746-4323

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

☒ Applied For
☐ Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, ANTHONY B
357 N. SPAULDING COVE
HEATHROW FL 32746

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 MGRM
STREET ADDRESS GEORGE MICHAEL BROSHART
CITY-ST-ZIP 1360 MAGNOLIA AVENUE
WINTER PARK FL 32789 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS MICHAEL BRADY LESSARD
CITY-ST-ZIP 1109 MAGNOLIA AVENUE
SANFORD FL 32771 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS GREENFIELD, ANTHONY B
CITY-ST-ZIP 357 N. SPAULDING COVE
HEATHROW FL 32746 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS PAGE, FRANK L
CITY-ST-ZIP 5010 WINWOOD WAY
ORLANDO FL 32819 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300003118403-6
-02/01/00-01068-009
*****50.00 *****50.00

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

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

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

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

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

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

Date

Daytime Phone #

1/18/2000

407-333-0204