

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002908

1. Entity Name
FT. PIERCE 25TH, L.C.

FILED

00 FEB -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
749 NORTH GARLAND AVENUE, SUITE 104
ORLANDO FL 32801

Mailing Address
749 NORTH GARLAND AVENUE, SUITE 104
ORLANDO FL 32801-1024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE, SUITE 203
ORLANDO FL 32801

Name
RAYMOND D. HARRISON

Street Address (P.O. Box Number is Not Acceptable)
c/o AK HOLCOMB CONSTRUCTION CO.

1115 W CENTRAL BLVD

City
ORLANDO

FL

Zip Code
32805

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

Raymond D. Harrison RAYMOND D. HARRISON, MGRM

2/1/00

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
HARRISON, RAYMOND D
749 NORTH GARLAND AVENUE, SUITE 104
ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500002127145--0
-02/08/00--01053--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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: *Raymond D. Harrison* RAYMOND D. HARRISON

2/1/00

407 422 4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #