

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002908

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

FILED

01 FEB 14 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
1321 Edgewater Drive
Suite, Apt. #, etc.
Ste 6

3. Mailing Address
1321 Edgewater Drive
Suite, Apt. #, etc.
Ste 6

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
59-357024

Applied For
APPLIED FOR

Not Applied For

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip
32804

Country
US

Zip
32804

Country
US

6. Name and Address of Current Registered Agent
HARRISON, RAYMOND D
C/O AK HOLCOMB CONSTRUCTION
1115 W CENTRAL BLVD.
ORLANDO FL 32805

7. Name and Address of New Registered Agent
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 HARRISON, RAYMOND D 749 NORTH GARLAND AVENUE, SUITE 104 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1321 Edgewater Drive Ste. 6 Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003708979--5 -02/19/01--0102 Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 2/7/01 407-422-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)