

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 29 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/4/17



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003090

1. Entity Name

ALOMA PARK, L.L.C.

Principal Place of Business

4808 KENSINGTON PARK BLVD.  
ORLANDO FL 32819

Mailing Address

4808 KENSINGTON PARK BLVD.  
ORLANDO FL 32819-3133

2. Principal Place of Business

4814 Kensington Park Blvd  
Suite, Apt. #, etc.

3. Mailing Address

4814 Kensington Park Blvd  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

US

Zip

32819

Country

US

4. FEI Number

59-3581017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILLIMAN, WILLIAM M  
4808 KENSINGTON PARK BLVD.  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4814 Kensington Park Blvd.

City

Orlando

FL

Zip Code  
32819

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

TITLE MGR  
NAME SILLIMAN, WILLIAM M  
STREET ADDRESS 4808 KENSINGTON PARK BLVD.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE MGR  
NAME REICHE, ROBERT B  
STREET ADDRESS 4808 KENSINGTON PARK BLVD.  
CITY-ST-ZIP 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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME 4814 Kensington Park Blvd.  
STREET ADDRESS Orlando, FL 32819 ☒ Change ☐ Addition

TITLE  
NAME 4814 Kensington Park Blvd.  
STREET ADDRESS Orlando FL 32819 ☒ Change ☐ Addition

TITLE  
NAME 600003212956--5  
STREET ADDRESS -04/18/00--01090--024  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

RECEIVED 3/23/2000 407 294 6734

CR2E083 (9/99)